DOCUMENT RESUME

ED 209 585 CG 015 538

AUTHOR	Vapnar, Gretchen S.
TITLE	The Shelter Experience: A Guide to Shelter Organization and Management for Groups Working Against Domestic Violence. Domestic Violence Monograph Series Number 4.
INSTITUTION	Community Crisis Center, Inc., Elgin, Ill.; National Clearinghouse on Domestic Violence, Rockville, Md.
SPONS AGENCY	Administration for Children, Youth, and Families (DHHS), Washington, D.C. Office on Domestic Violence.
PUB DATE	Aug 80
GRANT	ACTION-137-0106/1
NOTE	128p.
EDRS PRICE	MF01/PC06 Plus Postage.
DESCRIPTORS	*Battered Women; Child Abuse; Child Welfare; *Community Programs; *Crisis Intervention; *Delivery Systems; *Family Problems; Helping Relationship; Human Services; Marital Instability; *Residential Programs
IDENTIFIERS	*Family Violence

ABSTRACT

This manual describes the operation of a shelter facility for victims of domestic violence and is based on the program developed by the Community Crisis Center in Elgin, Illinois. The introduction discusses ways to organize concerned individuals; steps are then given for gathering information and resources, and acquiring real estate, equipment, supplies, and funding. Philosophy and business management are also presented. The shelter program is detailed in terms of policies, procedures, referral services, crisis intervention strategies, housekeeping, volunteers, children, and advocacy services. Suggestions are given for meeting the needs of staff members, clients, children, and adults as well as recommendations for future program improvements. (JAC)

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domestic violence

number 4 August 1980 monograph series

ED209585

The Shelter Experience

A Guide to Shelter Organization and Management for Groups Working Against Domestic Violence

Second printing

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The Shelter Experience

A Guide to Shelter Organization and Management for Groups Working Against Domestic Violence

A Project of
The Region V Technical Assistance Center
Gretchen S. Vapnar, Director

This project was funded by ACTION Grant No. 137-0106/1 awarded to The Community Crisis Center, Inc., Elgin, Illinois.

Second printing.
First printing October 1979.

The National Clearinghouse on Domestic Violence, supported by the Office on Domestic Violence, Administration for Children, Youth, and Families, Department of Health and Human Services, provides access to information on domestic violence. The Monograph Series is one information product of the Clearinghouse.

The views and opinions expressed in this monograph are entirely those of the author and are not necessarily those of DHHS, ODV, or Aspen Systems Corporation.

Preface . . . .

This manual was written to share the experience of The Community Crisis Center as that of many shelters we have known. You will find only half of the total shelter experience written on these pages. What is left unwritten is the emotional, often spiritual side. Perhaps that is another book, though I feel the need to share some of my thoughts and conclusions:

The shelter facility, and most especially the Community Crisis Center, represents to me a "noble experiment" -- an experiment in helping and human nature -- testing everyone involved -- their energy, their commitment, their values. The staff and residents form a community, strive to minimize the institutional and develop a home-like atmosphere, and attempt to maintain a one-on-one relationship, incoprorating all the responsibilities of such a relationship. The shelter facility endeavors to meet ALL the needs of the client/resident in a caring, empathetic way -- 24 hours a day, 365 days a year -- truly a "noble experiment" full of emotional involvement and risk.

The Chinese character for CRISIS is a combination of the characters representing DANGER and OPPORTUNITY. The shelter experience places you, as helping-people, and those in need of help, at that crisis point together, and challenges you to provide the necessary service. At that point you and the people you serve are most vulnerable. It is your role to remember that DANGER is only part of CRISIS and to help uncover and pursue the OPPORTUNITY.

You will need to know that there are no concrete lines separating the helpers from the "helpees". Your philosophy of promoting self-esteem, allowing for individual differences, fostering individual growth and supporting individual responsibility must be extended to your staff and volunteers as well as clients and residents.

I have worked in just such a place for five years. In the course of my association with the Community Crisis Center, I have often learned more than I cared to know and seen more pain than I cared to know existed. But, I have grown as an individual and enjoyed the support of many caring people. This manual is a result of that growth, that support -- the result of a team effort. I think it important and appropriate to recognize, with appreciation, the members of that team.

> *Mary C. Berg: Executive Director of the Community Crisis Center -- for making sense out of business management, setting me up for success, and being a friend.*

Trinka Waters: Volunteer Coordinator of the Community Crisis Center -- for her honesty and perception as well as her contribution, "Volunteers in the Shelter Setting."

The Case Managers of the Community Crisis Center: Cheryl Clinton, Mary Hope Dubay, Melodie Jankowski, Maureen Manning, and Maureen Smith for the chapter, "Counseling from Intake to Follow-Up", and to Heather Clark for "minding the store." To all of them, for their commitment, amazing energy, good sense, and good humor.

June Moore: Secretary -- for keeping all of us, especially me, organized; for typing; and for always being there when we need her.

VOLUNTEERS

Joan Delano: for editing, editing, editing; for "letting me down easy," and for caring so much about the end result.

Terry Edwards: for continuing to care, for seeing the best in people and situtaions, and for the sensational graphics.

Bette Sears: for her technical expertise, her editing, and her concern.

Sheryl Wolff: for knowing all I didn't know, for recognizing the hard work ahead and agreeing to help anyway, for her patience and encouragement, and for making our idea a reality with her editing, organizing, typing, and creative ability.

It is also fitting to recognize the "home team" -- my husband, Stephen, my children, Corinne and Mark -- thank you for understanding, for expecting great things, for being the people you are, and for accepting the person I am . . . .

A special thank you to HOUGHTON MIFFLIN COMPANY, Batavia, Illinois, and Sharon Grijalva, Personnel Manager.

Gretchen S. Vapnar
October, 1979

To Debbie: A survivor, a delight, may she know another time in her life without violence.

Debbie, age 4, was severely abused since infancy. Her mother was also severely and frequently abused by her husband, Debbie's father. The family stayed with us at The Community Crisis Center for three weeks. During that time, we learned much from Debbie. In her infinite wisdom she characterized the Center as being "a real fine place, but there are just too many mothers around here." We hope Debbie is right. Mothers are people who care.

Domestic violence is a serious social problem. It may be defined as "the physical abuse of a child or an adult by another with whom they are acquainted or related, and with whom they may or may not reside."

Domestic violence includes spouse abuse, child abuse, abuse of the elderly, sibling abuse, incest, and often rape.

Domestic violence is, in most instances, a learned response; a family tradition passed down from generation to generation.

Victims of *domestic violence* both the battered and the batterer, are vulnerable and lacking in self-esteem.

We are all aware of the violence in our world; for too many that violence and the fear of that violence are a daily reality.

Domestic violence is not related to discipline; discipline is consistent and takes place in an atmosphere of love.

Domestic violence is a relationship problem, a family problem. Women are most frequently victimized because of traditional roles and societal sanctions.

We are working toward a time when escape from violence will be a daily possibility and a different way of life available to all.

The shelter is an important step toward that availability. Shelters are not an answer, only an aid. Shelters cannot solve, only salve by providing the time and space to begin the process of rebuilding a life and/or a relationship.

This manual will address The Shelter Experience . . . ours, yours, and the dreams we share for the future. It is meant as a guide for those groups in many communities who are working against domestic violence by working to establish a shelter facility.

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ORGANIZATION

COMMUNITY CRISIS CENTER

Getting to this point

In 1974, a small group of middle class women, neighbors and friends set out to find alternatives for a woman in their group--a mother of three whose husband had suddenly decided he no longer cared to be married. He had cleared out the family accounts, liquidated many of their joint assets, and moved to California.

Good friends and long-time taxpayers, these women felt that their friend should be able to take advantage of services provided by their city, township, or state government. To their shock and dismay, these services consisted of three basic options: a downtown hotel for temporary shelter provided by the township and frequented by released mental patients and alcoholics; placement of the children in temporary foster care while mom "got her head together", or temporary psychiatric hospitalization for mom coupled with foster care for the kids. Obviously the community was implying that there was something wrong with mother! All this because she found herself in a difficult, even frantic, economic and emotional situation.

"Not acceptable" was the consensus of the small, but determined group. They knew what the family needed and were angry that such help did not exist. The system did not provide for a safe, comfortable living situation.

So the group went to work gathering information, speaking to local officials, and negotiating with local agencies. A shelter facility with a 24-hour information and referral and a 24-hour intake capability became their goal.

By spring of 1975, they had become incorporated as the Community Crisis Center, Inc., tallied more than 22,000 hours of volunteer time, and, most importantly, convinced Elgin Township to fund the shelter project with $40,000 of Revenue Sharing monies.

The executive director was hired in May with program development becoming her primary task. The group, now the board of directors, continued their involvement by concentrating on finding an appropriate facility.

After a series of setbacks in the form of neighborhood objections, property costs, availability, zoning, and just plain politics, a contract purchase of the Victorian mansion at 600 Margaret Place was arranged.

In September, the director, two CETA employees (a volunteer coordinator and a certified social worker), and two resident counselors opened a "full service" crisis center -- a 24-hour crisis intervention and shelter facility.

In the beginning, none of that original group or the original staff knew or even suspected the existence of the problem of domestic violence. They were simply meeting the shelter needs of the women and children in their community.

However, after one week of service, they met the first "battered woman". Looking back the Crisis Center owes much to that first woman. She quickly and effectively pointed out all that they didn't know. What began with staff's anger at the system for their treatment of this woman, ended in an agency's diligent search for appropriate answers. Ultimately, those answers were translated into a service program for victims of domestic violence.

The Community Crisis Center still meets the shelter needs of the women and children in their community by addressing a wide variety of problems. However, 60 percent of the total families sheltered are victims of domestic violence.

The Community Crisis Center has learned and grown in four and one-half years with the help of many agencies, organizations, and shelters throughout the country. Whatever expertise the Center staff has acquired is the culmination of that sharing. This manual is their chance to share.

Beginnings

■ THE FACILITY: a 104 year old Victorian house known in Elgin as the Lovell Mansion and having some historical significance. Located in a middle-class, blue collar residential neighborhood, the shelter is convenient to the downtown business and service area and to public transportation.

Rooms include three large dormitory size and one small bedroom, two baths, a kitchen, living room, family room (now office) and dining room (now multi-purpose). Attic space over the attached garage and the house provided the possibility for future expansion. Basement area is suitable for laundry facilities and storage.

■ ZONING: original zoning was single family/residential but the property was surrounded by multi-family and special use zoning.

Zoning was eventually changed to a special use granted exclusively for its use as a crisis center. If the use changes, in the event the house is sold, the zoning automatically reverts back to the original.

■ THE BUDGET: In April of 1975, Elgin Township granted approximately $35,000 to The Community Crisis Center, Inc. The doors were opened in July, 1975.

For the fiscal year ending March 15, 1976, 8 months of services, disbursements were as follows:

Personnel	$13,324
Space*	11,668
Consumable supplies	3,254
Miscellaneous costs	6,475
Total	$34,721

*Including down payment

The CETA contract provided 2 staff positions at $10,000 total.

Services for 8 months included:

420 cases
107 persons sheltered
675 nights of shelter

■ THE PEOPLE: In a time when some are questioning the validity of volunteerism and of grassroots efforts, it is important to point out the critical part both such movements played in the establishment and ongoing operation of the Community Crisis Center.

Women used their own time and talents to provide service and more importantly to force the system to provide necessary services. This group did whatever needed to be done . . . learning and applying the basics of community organization and political savvy. Though they once swore to accomplish their goal "without a bake sale", in the long run they did whatever needed to be done to open the doors and keep them open.

Somehow, it seems appropriate to write their names in a central place as a tribute to their determination and commitment. The true tribute is the fact that the shelter facility still exists to serve the community.

Sally Brown
Carol Ovelman
Joan Seils
Rebecca Albert
Nancy Bear
Venita Leach
Ellen MacGregor
Jan Krueger
Kathy Bergman
Jane West
Karen Martin
Mary Sue Adams
Ruth Claypoole
Elaine Perillo
Mazie Herr
Angie Rea
Evelun Burnidge
Mary Larson
Linda Youngren
Sharon O'Connor
Nan Storm

THE PEOPLE

THE PLACE

WORKING TOWARD A SHELTER FACILITY

Beginning steps

Though our goal is a manual concerning the operation of a shelter facility, it is important to consider the beginning steps toward that shelter -- the foundation, if you will. When the Community Crisis Center was organized nearly five years ago, it literally grew through a process of trial and error. However, groups now interested in developing a shelter have the advantage of the experience of the many groups who have gone before. It is a waste of time and effort for each new group to try to duplicate the efforts of their predecessors. Rather, through an organized process of sharing, energy can be better used to tailor the available information to the individual community.

In the interest of that sharing we offer the following brief suggestions for the beginning steps of organization. For more detailed information, you will find How to Develop a Wife Abuse Task Force, by Kathleen Fojtik, most useful. (See Bibliography)

These suggestions are based on experience -- that of the Community Crisis Center and of the many shelters we have worked with through some tough beginnings. They are based on reality -- not what should or could be, but what is. When establishing a shelter we rarely have time to change the system -- only time to learn it. The goal should always be to provide the best possible service in the shortest amount of preparation time. The preparation time, however, cannot always be both brief and adequate; in that case, adequate becomes the goal.

Step One

Bring together a group of interested and concerned people. Share with them your concern and your belief that there is a need for a shelter facility in your community. Plan to meet on a regular basis, thereby asking for a commitment from group members. Begin to obtain, read, and discuss current literature on the subject of domestic violence. Contact existing shelters asking for sample brochures, important publications, and moral support. Of course, contact your Regional Technical Assistance Center for both domestic violence and child abuse, ACTION, LEAA, and HEW in Washington, D.C. Locally, you should contact NOW, AAUW (American Association of University Women), YWCA, your local chapter of the National Federation of Women's Clubs, and all church/service organizations.

Beginning steps

Always request pertinent information, as many of these groups have national mandates concerning programs against domestic violence. More importantly, request their support followed by your promise to keep them advised of your progress and needs. Appoint someone to be in charge of correspondence, someone to run the meetings, and someone responsible for overall coordination. Beware if these are one in the same person . . . you are not reaching . . . the secret of success is to involve people at various levels and not to rely on one person for everything.

Step Two

The group will be able to agree on the need for a shelter. In order to proceed, however, it is necessary to gather substantiating data to convince others. Existing community services should be assessed in order to determine ways in which a shelter could and would fill service gaps.

Survey by letter, phone, and where possible, by personal interview, the social service, legal and law enforcement agencies in your area. A good plan is a combination of all three . . . an initial phone call followed by a letter and/or an interview, being careful not to become a nuisance. Your first goal is to gather statistics concerning domestic violence cases, but secondly, to have the agency predict which of those cases could/would have been better served by the availability of a shelter. If an agency does not keep such statistics and is reluctant to make those predictions, ask if they will do so for a limited time -- a month or six weeks. Offer to collect and tabulate their statistics and to share with them all the information you collect.

It will help if someone in your group is acquainted with a person in the particular group you are approaching. If, however, that is not the case, always talk with the "highest up" available to you. The decisions, in most cases, will ultimately be the boss's so it is important to communicate your concerns and requests directly. Moreover, it is much easier for the boss to make a decision that will not lead to any additional work at his/her level, but may for the workers. It often happens that the information you are asking them to collect and have promised to share, is something that they are interested in. At least it is well to approach them with that expectation.

Needless to say, it is vital to ALWAYS FOLLOW THROUGH. These are the agencies with whom your shelter will be in constant contact. You will be depending upon them for encouragement, information, and follow-through. It is crucial to develop a relationship based on mutual respect as quickly as possible.

Step Three

Enlarge your group to include community service providers and representatives of the "powers that be". With more people, particularly those who may know first hand of the need, the service assessment will be much easier. It is important to look beyond your original group for additional members always striving toward a wide and diverse base of support. Group members do not need to agree with the total philosophy or commitment of the original group, only with the need for a shelter. One of the earliest supporters of the Community Crisis Center was a Catholic nun who, though she had difficulty with the philosophy of separation, divorce, and the possible break-up of a family, could and did attest to the need for a shelter. Her public testimony to that need was instrumental in the establishment of the facility.

It has become increasingly important, from the point of view of many funding sources, to include men as well as women on your board of directors. Including them early on will lead to a wider base of community support and perhaps an easier road to funding.

> BEFORE GOING ANY FURTHER, STOP AND TAKE THE PLEDGE:
>
> "WE WILL NOT DUPLICATE EXISTING, ADEQUATE, COMMUNITY SERVICES."

This is an invaluable position in [illegible] community. After all we are all taxpayers and we don't relish paying twice for the same service. It will make your job much easier if you can stand up before the community and "take the pledge".

When tabulating the results of your needs assessment, look at each service carefully, considering cost, location, and suitability. For instance, if counseling is available only through a local mental health clinic in the next town, perhaps you should provide counseling to victims of domestic violence within your shelter. Always consider contracting for existing services before initiating them in your own program.

Step Four

Begin to formalize and share your education and information. Those of your group who are the best informed should begin to contact those clubs and organizations, both social and service, that are looking for new programs to present to their membership. Late summer, early fall, is a good time to contact those groups who have just elected program chairpersons as they are often in need of new programs. Be helpful . . . offer to bring movies, share materials, lead group discussions. If a fee is offered, of course accept; however, it is important to provide other levels on which a group can support your efforts. Perhaps they have volunteers willing to help your survey, access to a copy machine, or a graphic designer in their group. ANY AND ALL SUPPORT ACCEPTED. A realistic goal is to speak to all such groups within the first year. Do not overlook the couples' clubs or men's groups; they have energy and money too. The tendency is to go only to women's groups in the belief that they will find it easier to identify with your cause. This diminishes the credibility of your cause -- it is a cause to which everyone can relate. We must believe that and communicate that or we are overlooking a large portion of our potential support.

Miscellany to keep in mind during this period of organization:

Help members make realistic commitments to the project. Nothing contributes more to a speedy burn-out than an unrealistic commitment.

If there seems to be a conflict between your project and another agency or program in your area, assume that it is based on a lack of communication and correct any misunderstandings at once. Nothing is more harmful than unresolved conflict that becomes apparent to the public. Helping-people who are not helping one another makes for good press but poor public relations.

Become aware of the political mood in your community. Which politicians seem sympathetic? Who seems annoyed? Learn the players and the script.

Notice the socio-economic structure of your town. Are there neighborhoods that would welcome a shelter?

More beginning steps . . . obvious but often overlooked

- Become incorporated, even as a task force, as soon as possible. Incorporation is accomplished through your state government and usually costs approximately $25.00. You will need minimally, officers and a statement of purpose, a constitution, and by-laws.

- Become tax-exempt. This exemption status is accomplished through the Federal government -- IRS. You will need a board of directors, officers, a statement of purpose, a constitution, by-laws, a fiscal agent and/or an umbrella agency. Regular, established funding sources will not begin to consider any proposal unless you have accomplished both incorporation and tax exempt status. You will need to become a registered non-profit, tax-exempt agency.

- Choose a name that is not too limited. "Domestic violence allows for a wider base of support than "wife abuse". "Center" connotes more services than "shelter". This does not exclude the possibility of the more limited terms, only indicates that a name should be chosen very carefully and with an eye to the future.

- Keep an account of all volunteer hours from the very first meeting of your group or task force through all your years of operation. This will prove important to your funding success in the beginning and in the future. These volunteer statistics demonstrate community support for your project and can be translated into "money language" by using current labor costs. One person should be in charge of keeping this log and for ascribing consistent values to the particular jobs. For instance, the lawyer who draws up the purchase contract and donates services would be recorded at $25.00 to $50.00 per hour. The person who does your shopping and meal planning would be recorded at $3.00 to $4.00 per hour. This is not to say that one job is of greater value to your cause than another. It is merely a way to communicate the amount of support in your community to the people with the money.

  The volunteer/hour form on the following page can be used in the task force stage as well as later on after the shelter opens.

  A similar sheet should be developed for all donations of goods and money with an additional column to note the recognition of the gift: thank you note, tax-exempt receipt, etc.

SAMPLE VOLUNTEER FORM

DATE	NAME	ACTIVITY	IN/ OUT	TOTAL HOURS	VALUE	SEC'Y SIGNATURE
1/7/79	S.Ford	Shopping	9 am 1 pm	4	$3/4-$12	L. Jones
1/8/79	J. Doe	Contract	9 am 10 pm	1	$25/1-$25	L. Jones

SAMPLE DONATION FORM

DATE	NAME/ ADDRESS	DONATION	VALUE	DISPOSITION	THANK YOU	TAX FORM
1/3/79	S.Smith 440 Jay	Clothing	$25.00	at Center	Yes	Yes

Check with your local IRS office about the value of donated items. To be safe it is usually advised that you approximate the value below replacement value.

➧ Last, but not least, when members of your group are deciding whether or not to become board members, make sure they are aware that being a board member makes it impossible for them to be hired as a staff person. Of course, an acceptable length of time between board membership and employment can be provided within your by-laws. Six months to one year would be a suggested interlude; one that allows for little suspicion of conflict of interest. Avoid any possibility of a board member setting policies that would directly affect her employment.

REAL ESTATE

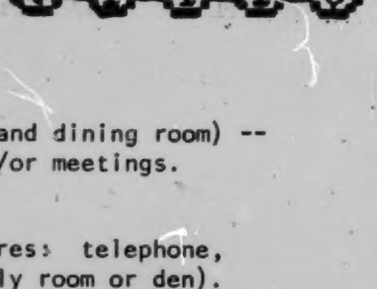
Grass roots to ground breaking . . .

Two things combine to influence site selection: facility and location.

FACILITY

Shelters come in all styles and sizes -- some plain, some luxurious. Both environments can and do house excellent programs. We should not assume that a plain environment will not house an effective program. There is something to be said for the comraderie that develops when one's environment is less than comfortable. Perhaps, there is something about adversity that builds a feeling of kinship. Conversely, shelters with more comfortable and even luxurious surroundings will not be problem-free; they often have a difficult time getting people to leave.

Some things to look for in a building:



- At least 3 to 4 good-sized bedrooms -- at least 1 or 2 which are large enough for twin beds, a crib and perhaps an additional cot for housing an entire family. "Light and cheery" is a welcome bonus.

- At least 2 bathrooms -- one convenient to sleeping areas, one near office and common rooms. Bathtubs and showers if possible.

- Large common rooms (kitchen, living room, and dining room) -- able to accommodate fifteen for dinner and/or meetings.

- Office space -- for regular office procedures: telephone, typing, bookkeeping, etc. (perhaps a family room or den). Even if the majority of office work will be done in a separate location, you will still need some private space for telephone and basic record-keeping/staff space.

Grass roots to ground breaking

- Private space -- a place where an individual mother or teenager can get away from the chaos for a few minutes -- a room where one-on-one counseling or small groups can be accommodated. This to be combined with an intermediate play area for children not needing supervision who enjoy board games, cards, etc. Private space large enough, if possible, to utilize for relaxation and other exercises.

- Play areas -- ideally both indoors and outdoors -- indoor space, perhaps in basement or garage, for large riding toys, bookshelves, even running games and exercise -- outdoor area properly fenced with easy access to house and within full view.

- Kitchen area -- well-equipped with large refrigerator-freezer and heavy-duty dishwasher -- generous counter and cabinet space is helpful -- eating area for small breakfast and lunch groups as well as informal counseling and visiting.

- Creature comforts -- good heating, plumbing, and electrical systems -- a good roof and adequate sewage/drainage systems.

- Safety provisions -- rely upon your fire and building inspectors for good advice and direction. Better to deal with them in the beginning than to be forced to re-do later. When talking with them, be sure to request all requirements and directives in writing with a signature and date -- a fire wall along the outside of the kitchen, enclosed stairways, fire doors, two exits, are a few of the most common requirements.

  The installation of a security system is optional. It is as much, if not more, a philosophical issue than a practical one. We will discuss it along with other philosophical issues.

Possibilities . . . try not to overlook any of them . . .

Consider not only the usual 3 or 4 bedroom residence, but also the unused public building or business such as motels, schools, convents, hospitals, etc. Some of these would obviously require more creativity and hard work than others, but none would be impossible. For the sake of both economy and aesthetics, consider new uses for old buildings. Particularly if located within a rehab-target area, an older home may be eligible for preservation or restoration monies. Saving a city landmark, even using it as a shelter, can be an important contribution to the community.

Grass roots to ground breaking

When considering a very large facility, consider sharing arrangements with other agencies who may need office and/or storage space. Logical sharings could be arranged with clinics, community action agencies, etc.

LOCATION

Some things to remember when considering a location.

- Accessibility to public transportation and services. Client needs being the priority, the most appropriate facility is the one located conveniently to client services or at least, close to public transportation.

- Parking -- wherever you locate, whether in a business or residential area, except for the most rural -- will be a problem. Usually it is one of the first issues raised during zoning hearings, and one of the last to be settled. Parking for at least six cars and probably more should be provided. Even if parking is not a problem at first, as your staff, volunteers, and support groups increase, parking problems will develop. Even shelters who have carefully maintained the secrecy of their location have parking problems eventually. Many shelters assume that the majority of their residents will not have access to a car. That is usually true, but your neighbors will think otherwise when two months in succession each person staying with you owns a car. It has happened and it will again. Nothing can alienate neighbors and city officials more quickly or "blow your cover" more effectively than seven cars parked outside with each one loaded to the brim with clothing and household goods.

  Look at parking as one of your main problems from the very beginning. Devote adequate time to finding a solution.

- They were there first . . . This is a difficult paragraph to write, but nonetheless an important one. Though your cause is a good one, and you have found the perfect facility and location, your neighbors were there first. They may have something to say about your choice of location. You cannot promise them that having a shelter facility next door will not affect their property values. Because they are concerned, they are not "bad" people. It is possible to be against domestic violence, and be concerned about your property, and be a "good" person. The important consideration is that it is sometimes a waste of energy to locate where you are not wanted. Your tendency will be, even after you are settled in, to proceed carefully; walking on eggshells. Also, the women you shelter do not need that kind of pressure -- neighbors watching suspiciously as they walk to the door, unload the car, etc. Definitely a waste of time and energy -- too many negative vibes.

So exhaust all other possibilities, examine all, even seemingly impossible options, before embarking upon a difficult zoning or neighborhood battle. You will need your energy for other things.

There is not "one" perfect site or facility. To find the most acceptable combination of location and facility with the most efficient use of time and energy is your goal. An adequate location, a less than adequate facility, but appropriate zoning and early occupancy may be the best answer. The worst that could happen is for you to find a better combination and have to move within a year. By then, you will have service statistics to back up your space needs, and you will have experience to support the shelter's impact on the neighborhood. Hopefully, you will have also accumulated strong community support to ease the problems of relocation.

The "Powers that Be" . . . zoning, government, etc. . . .

Whether we are talking about zoning or any other governmental procedures, there is a fundamental rule:

LEARN THE SYSTEM . . . DO YOUR HOMEWORK . . . GATHER INFORMATION . . . BEGIN BUILDING A RELATIONSHIP WITH THE PEOPLE IN POWER.

Simply said, but sometimes easier said than done. Ask questions of secretaries and their bosses, elected officials and their spouses, city staff bosses and city staff peons. Know how the system is supposed to work, understand the philosophy behind the procedure. Know that the reality is different than the philosophy. In short, do your homework so there will be no surprises. Your preparation for a formal hearing procedure should be different than that

for one in an informal, relaxed atmosphere. Know which to expect and prepare accordingly. Gather lists of all related officials. Whenever possible have them contacted by a friend or a relative or at least a friend of a friend. Deal with the "top" as much as possible except when decisions are made at the bottom. For example, why waste time talking to the chairperson about being first on the agenda when the secretary prepares it. Talk to the secretary.

Learning the system does not necessarily mean "buying in". Be straight and develop a super-dependable, responsible image. Don't make easy promises or quote spectacular statistics. Be convincing, but solid and responsible. We really convince others by quietly demonstrating our own conviction and by pointing out "what's in it for them."

ZONING

"Zoning is a legal method of segregation using any number of criteria, available to and used by city government. It is, by nature, exclusionary." So said a local official. For our consideration, the operative word is "legal". Though zoning is not always logical, it is legal. Though it is not always fair, it is our agreed-upon procedure for the orderly growth of our cities. Further, zoning does not take into consideration the worthiness or lack thereof of any cause. An important advantage of leasing government-owned property is the fact that such property is not usually subject to local zoning ordinances.

Though they may seem confusing at first reading, consider the following before and after you begin zoning discussions with your city staff:

- BE REALISTIC. Most cities have zoning ordinances providing for residential zones of varying degrees: R-1 through R-4 or 5. Usually R-1 represents a single family with a large amount of property and/or square footage. R-2 represents a single family unit with a smaller lot, and R-3 and 4 represent varying levels of multi-family development. Business zoning follows a similar pattern going from low density to higher density ones. As a rule of thumb, the greater the density, the more opportunity for a variance. As an example, you are more apt to be allowed to put your shelter in a facility already zoned multi-family even though it is not a regular multi-family residence, but rather a temporary one. The fact that the amount of people is provided for may allow a slightly different interpretation of the ordinance with little or no discussion. You must realize that the jump from single family residential to multi-family residential is a big one in terms of property values. Ask first of your city staff what zoning would be required of your facility, and then be realistic about expecting zoning changes. Some cities have no precedent for zoning a shelter facility that is not a group home or a halfway house. Suggest they use straight multi-family zoning regulations based on the total number of people to be sheltered or perhaps those regulations covering boarding house.

- SPECIAL USES: Most cities have a procedure for dealing with exceptions to the usual zoning categories. For instance, if you plan a shelter facility in a single family area you will probably need to apply for a Special Use or Exceptional Zoning permit. This would allow for that particular use of that particular piece of property. Usually, the special use zoning will revert back to the original zoning when the shelter is no longer located there. Therefore, special use zoning can and often is considered similar to spot zoning, having some negative aspects. On the other hand, because the change is not a permanent one, it is sometimes easier to obtain. The procedure for obtaining a special use is usually the same as for any other zoning change.

- INFORMATION THAT MAY HELP YOUR CASE: 1. Look at the surrounding property. If that property is zoned contrary to the property in question, it will probably help your case. Particularly, if the property in question is low density surrounded by high density or special use. 2. Check to see if there are any business-zoned pieces of property near the property in question. Special use or exceptional zoning can and often does serve as a transition zone between residential and business. 3. Precedents in terms of zoning changes for similar requests: If the local youth home recently received a special use and enjoys a good public image, you may do well to "tag along". Be careful not to align with any agency, no matter how successful, which does not have a good image or has not lived up to its promises to the community.

- PROCEDURES: A planning or land-use committee separate from the final decision-making group is usually charged with conducting a public hearing and making a recommendation. At the initial public hearing, the city staff will make a recommendation to the planning committee and your group will have an opportunity to communicate your needs and plans. The proposal then goes before another group representing a zoning board or commission. The zoning board also conducts a hearing and makes a recommendation based on their opinion of your proposal. Both recommendations coupled with the staff recommendation is then communicated to the city council or other body of elected officials. Often, the recommendations do not have, nor do they have to have, any bearing on the decision of the elected body. In most instances, the elected body is only bound to consider the recommendations, not to agree with them.

The "Powers that Be"

TIME: The re-zoning process reads simply, but usually doesn't play that way. Zoning is subject to political involvement and therefore does not happen easily or quickly. However, the process must involve at least one public hearing which provides your group with a chance to tell the story to yet another group of people and usually to the press. Remember this when the meetings seem to go on forever..

The entire rezoning process can be accomplished in as little as a month and may take as long as one year. The average rezoning is accomplished in 60 to 90 days.

A Typical Chain of Events

January 1st . . . meeting with city staff re: the property located at ____________. Zoning is currently ____________. City staff advises _____________ zoning.

January 15th . . . Our lawyer draws up a petition for zoning change. It is given to the city staff to be placed on the agenda of the Planning/Land Use Commission. The Commission meets on the first Monday in February which allows sufficient time for published notice to the community and written notice to the immediate neighbors.

February 1st . . . The Planning Commission meeting. Immediate neighbors have signed a petition of protest. They also attend the meeting. Information is shared. The Commission votes to recommend permission or denial of the zoning change as requested. The Planning Commission, being the initial hearing body, gathers as much information as possible and will often vote to table when impact studies, parking plans, and/or land surveys are incomplete. If they do make a decision the next step is a hearing before the Zoning Board/Commission.

February 15th . . . The Zoning Commission. At this meeting there are more people representing both sides. The neighbors are there in force. It is usually a more emotional, less informational meeting. After all, the Zoning Commission has the benefit of the information-gathering accomplished by the Planning Commission. There is an exchange of some information, many opinions, and overall feelings. The Zoning Commission recommends permission or denial of your request to the City Council or other elected officials.

March 1st . . . City Council meets. They ask for a brief presentation of the proposal, allow for a presentation by the opposition, and then vote.

The "Powers that Be"

Sixty days from start to finish providing there are no motions to table or other extenuating circumstances. Sixty days -- a lot of time for a group anxious to provide service. Don't waste time, however, looking at just the meetings. You are laying the groundwork -- forming the associations that hopefully will stand you in good stead for years to come. The process is important whether or not your proposal passes.

That being the case, keep the following in mind:

→ Dress appropriately . . . you are so very visible there in the spotlight. Make sure your appearance does not alienate.

→ Select people to represent you who will not alienate the "powers that be". A lawyer known for the unpopular causes he/she represents should not be your choice -- even when services are donated. It's better in the long run to pay someone.

→ The city staff is working for you as taxpayers. Ask questions, learn from them, follow their advice. Also, know what their recommendation will be before the hearings. Trying to counteract a negative staff recommendation is a waste of time and energy. They are the experts and more often than not your commissions and officials will value their professional opinion.

THE OPPOSITION

As mentioned previously, your neighbors were there first, and it is possible for them to be against domestic violence and still not be for a shelter facility in their neighborhood. When dealing with the opposition, it is well to keep that in mind and to act accordingly with respect for and consideration of the opposing viewpoint.

Most importantly, don't try to "put one over" on anyone. If the neighbors feel you are trying to push through zoning changes or keep the facts from them in any way, the results will be disastrous. Use the time between hearings for meetings in which to share feelings -- teas, potluck suppers and picnics. Discover mutual friends, common interests, etc. If there is a particular person you want to reach, try to send a friend or an acquaintance of his/hers. Sending someone whose opinion they already respect will make communication easier.

There is a very good chance that emotions will run high and that the opposition will, out of their fears, be unreasonable and shortsighted. Members of your group may be attacked personally and publicly. On such occasions whether at an informal gathering or a public meeting, it is important that you try to: one -- relax, two -- listen, and three -- respond with the facts speaking to the zoning issue. There is the tendency to fight back with the "rightness" of the cause. Resist that tendency and speak to the "rightness" of the zoning change. Be issue-oriented. There is also the danger of being so "right" in your cause that the opposition, by virtue of that opposition, is labeled "wrong" or "bad". Avoid such labels or inferences. Do not anticipate and/or assign motives to anyone.

Approach the opposing neighbors with the idea that you will need their help in seeing to it that your shelter fits into the neighborhood. Appeal to them as experts, perhaps setting up a review board made up of neighbors, shelter board, shelter staff, and city officials. Develop a grievance procedure. When hiring staff consider a qualified neighbor, and certainly ask for their help as volunteers.

Above all communicate to them that you understand their predicament, and that you will always share any information available to you with them. Remember, it is not a matter of liking or disliking, only a matter of agreeing or disagreeing.

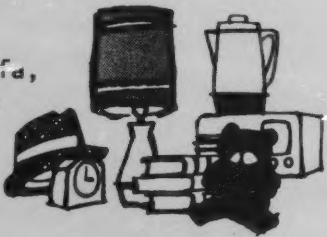
EQUIPMENT & SUPPLIES

Making a house their home . . .

Equipment is the more permanent things you will need, as opposed to supplies, the items you will need on an ongoing basis.

EQUIPMENT

The problem of equipping your facility is twofold: What do we need? How do we get it?



THE OBVIOUS NEEDS: beds, chairs, sofa, tables, lamps, desks, file cabinets, pots and pans, appliances, dishes, linens, a television set, etc.

THE NOT-SO-OBVIOUS NEEDS:

Provide shelves instead of dressers wherever possible making housekeeping and the battle against the bugs much easier.

Provide a stereo in addition to or instead of a television set. It is entertainment but more relaxing, and less all-engrossing.

Provide twin beds instead of double-size beds. When sleeping habits are irregular, no sense in waking the entire family.

Use lamps attached to wall or ceiling fixtures as much as possible because they are less susceptible to loss or damage.

Provide a large locked storage area for residents' luggage, etc. Also, secure food and supply storage is necessary.

Provide a small locked storage unit or safe for storing all medicine (even aspirin), money, or other valuables. You may also want to provide a locked file for confidential records.

Don't forget: hair dryers, alarm clocks, toaster, plastic covers for mattresses, plastic covers for foam pillows, large covered garbage cans, bookshelves, and throw rugs.

Also, fire extinguishers, smoke alarms, a front door peephole, and a loud door bell.

Now to the more challenging: How do we get it?

DON'T BUY IT! SOMEONE IS DYING TO DONATE IT! If you find that you are purchasing more than a small percentage of the necessary equipment, you have not done your job in the community. Soliciting donations is important for more than the material gain; it is a way in which people can invest in your project. People feel good about helping; provide them the opportunity. Be prepared, however, to receive things that are not useful and provide for their discreet disposal. Don't discount such a transaction because you have, after all, made a contact and probably a friend. Perhaps you did not communicate your specific need resulting in an inappropriate donation.

Solicit church and group support as well as that of the individual. It is usually easier to get the group support. Ask the person who has the most of what you want because one of "it" will mean less to them. For instance, if you need a stove, go to the manufacturer before you go to the dealer. However, it is usually better to ask locally before you go out of your area. Local recognition of the gift is easier to arrange.

Assume that everyone will want to support your project. You must communicate the specific need and provide a variety of levels on which a group/individual can demonstrate support. Perhaps the Ruth Circle of a local church could never scrape together enough money to buy you an appliance, but they can donate a little each month towards supplies, maybe paper products.

Once again, it is best not to rely on a letter requesting donations. A multi-faceted approach -- a combination of telephone, mail, and in-person contacts -- works best. Be careful not to become a pest. Begin by contacting friends, relatives, and acquaintances. Start with task force members providing them with a current needs list. Ask them to think of wide possibilities as resources -- friends of friends, friends, relatives, etc.

Explain to all donors how you will use their contribution. At the Crisis Center, for instance, all donors are told that their donation will be used at the Center, given to a resident for her use when she leaves the Center, or sold at a garage sale with the profits going to the Center.

Making a house their home

Your aim is homey, but not cluttered. Soon the people will fill in the blank spaces.

To save time and hurt feelings, put one person or a small committee in charge of what stays and what goes.

SAMPLE NEEDS LIST

Beds.........twin-size and cots or roll-aways.

Cribs........large 6 year size and small newborn. Also the portable kind that can be folded for easy storage

Couch........sturdy, vinyl is particularly good

Chairs.......comfortable living room type, preferably vinyl; folding chairs

Tables.......small kitchen table and large meeting/dining table, folding tables, end tables

Cleaning Equipment....mops, brooms, vacuum cleaner

Gardening Tools........lawn mower, clipper, etc.

Nice to have.
- rocking chair
- sewing machine
- ping pong or pool table
- posters, pictures, plants

Health Needs........thermometer, heating pad, hot water bottle, ice bag

SUPPLIES

While preparing your needs list, you may as well add those things you will always need:

Food.........particularly canned goods and package mixes

Toiletries...shampoo, hand lotion, bubble bath, body powder, deoderant, combs, brushes, etc.

Cosmetics....lipstick, powder, etc.

Soap.........hand, beauty, laundry, dishwasher, liquid detergent

Paper Items..cups, plates, paper towels, napkins, sanitary napkins, tampons, kleenex, toilet paper, etc.

Cleaning Products.....disinfectant, ammonia, bleach, cleanser, etc.

Making a house their home

You can acquire supplies in much the same way as equipment. Suggest to groups to whom you are providing a program that they have a "shower" for the shelter instead of paying an honorarium or speaker's fee. Provide them with a current needs list, and be prepared for a deluge of goodies. The average speaker's fee is between $15.00 and $25.00, but a "shower" can net you over $100.00 worth of canned goods, paper products, etc. They will have had the enjoyment of preparing for and attending a shower.

FUNDING

A word from the bottom line . . .

Funding should always be viewed in terms of restrictions (geographic or problematic), type (reimbursement or flat grant), and time (length of the grant and the amount of staff time to administer the grant).

You will soon discover that there is "good" money and "not-so-good" money. The "not-so-good" usually being that which is very restricted, perhaps to victims of domestic violence making police reports within the city limits; that which is paid on a reimbursement basis making cash flow a problem; and that which requires hours of staff time filling out forms to verify service. No doubt your program will ultimately be a combination of funding sources. Many times the choice of "good" money will not be available to you. Obviously, "not-so-good" money is better than "none-at-all".

Funding is often a unique, local situation. These suggestions are offered only as possibilities -- options for your exploration in your community.

- Revenue Sharing -- distributed through townships or municipalities. Reimbursement contracts can often be worked out with neighboring townships.

- Department of Children and Family Services/your state's equivalent child welfare department -- funding usually on a contract basis for services to an open case.

- United Way or Community Chest -- combined funding, community-based.

- Title XX -- a state-operated program. Client income eligibility and local match funds usually required.

- Department of Mental Health -- shelter money often a budgeted item.

- Federal Grants -- LEAA, ACTION, HUD, HEW.

- Private Foundations -- predominant interest is in seed or start-up funds. Also, interest in capital improvements and/or acquisition. Some research and operating funds.

A word from the bottom line

[redacted] Individuals -- since you have your tax-exempt status, a contribution is tax deductible.

A particular funding source may be interested in funding only a particular portion of your program. For instance, United Way or Community Chest may be interested in funding your crisis intervention phone line by providing for a staff position and telephone costs. On the federal level, ACTION may be interested in funding your volunteer program.

For more detailed information about funding and grantsmanship, we recommend the following:

Flanagan, Joan. The Grass Roots of Fundraising Book: How to Raise Money in Your Own Community. Chicago, IL. Swallow Press: 1977.

Fojtik, Kathleen, The Bucks Start Here. Ann Arbor, Michigan. Domestic Violence Project: 1978.

A different perspective . . . Concern, Inc. . . .

Concern, Inc., formed in 1976 by a group of Community Crisis Center volunteers, is dedicated to the idea that the group will provide a service to the community and in return enjoy the financial support of the community.

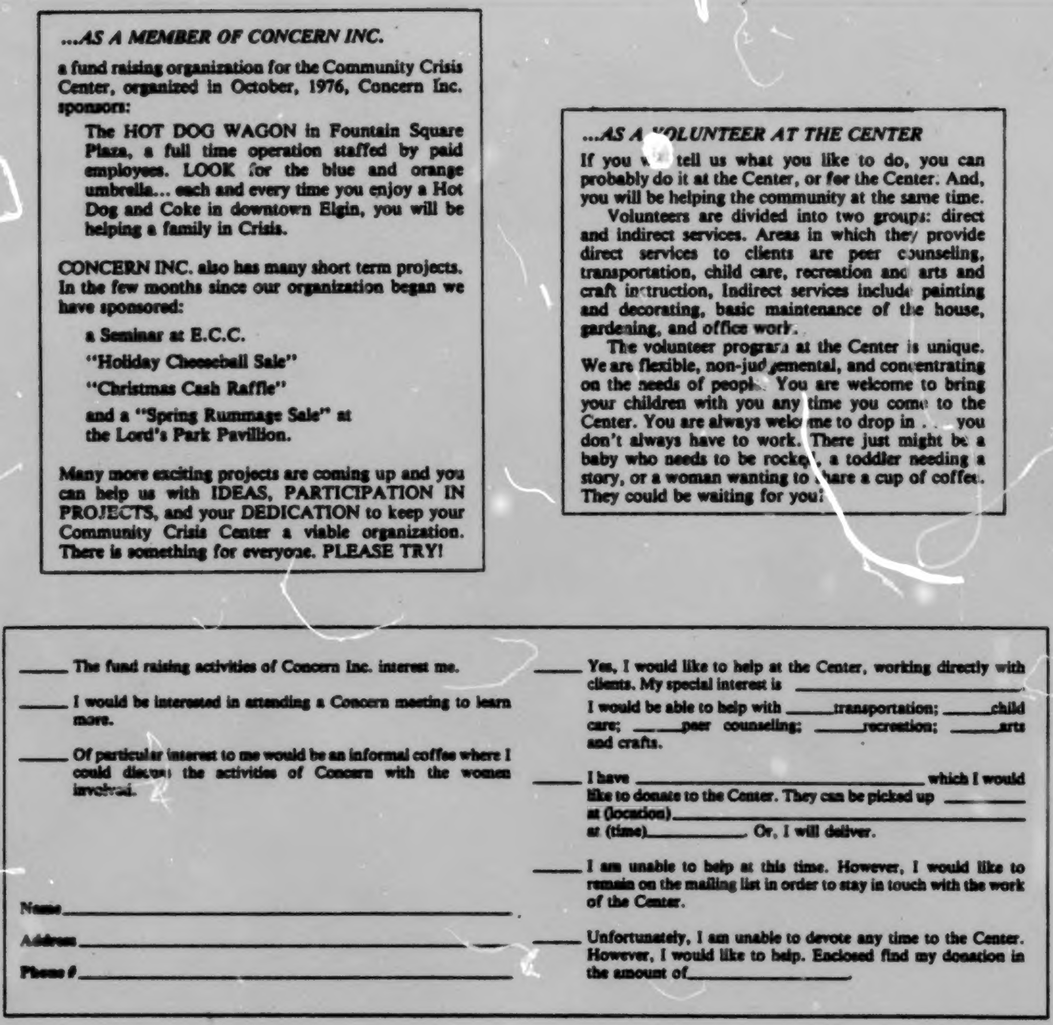
Members of Concern, Inc. feel that the community is already supporting the Crisis Center through the provision of township revenue sharing funds and the United Way. Therefore, members feel uncomfortable asking for donations without providing additional services.

Concern, incorporated separately from the Center as a not-for-profit organization, has also acquired tax-exempt status. In the past three years, this group of ten to twelve women has raised over $20,000 for the Center in a variety of ways. Concern has entered into retail business as a vendor selling hot dogs on Elgin's shopping mall, sold over 6,000 cheeseballs, which they make themselves at holiday time, and sponsored two rummage sales each year. (The rummage sales are a most efficient and inexpensive way in which to dispose of excess donations.

Members of Concern are considered volunteers of the Center and attend volunteer training sessions for orientation and sharing. The membership represents many different sectors of the community from the young homemaker to the retired executive.

Funds from Concern are sometimes earmarked for specific projects, such as the recent total renovation of the downstairs bathroom. At other times they have contributed generously to general operating funds, thereby helping to minimize a cash flow crisis.

How Concern, Inc. reaches volunteers (taken from the Concern, Inc. recruiting brochure):



...AS A MEMBER OF CONCERN INC.

a fund raising organization for the Community Crisis Center, organized in October, 1976, Concern Inc. sponsors:

The HOT DOG WAGON in Fountain Square Plaza, a full time operation staffed by paid employees. LOOK for the blue and orange umbrella... each and every time you enjoy a Hot Dog and Coke in downtown Elgin, you will be helping a family in Crisis.

CONCERN INC. also has many short term projects. In the few months since our organization began we have sponsored:

- **a Seminar at E.C.C.**
- **"Holiday Cheeseball Sale"**
- **"Christmas Cash Raffle"**
- **and a "Spring Rummage Sale" at the Lord's Park Pavillion.**

Many more exciting projects are coming up and you can help us with IDEAS, PARTICIPATION IN PROJECTS, and your DEDICATION to keep your Community Crisis Center a viable organization. There is something for everyone. PLEASE TRY!

...AS A VOLUNTEER AT THE CENTER

If you will tell us what you like to do, you can probably do it at the Center, or for the Center. And, you will be helping the community at the same time.

Volunteers are divided into two groups: direct and indirect services. Areas in which they provide direct services to clients are peer counseling, transportation, child care, recreation and arts and craft instruction, Indirect services include painting and decorating, basic maintenance of the house, gardening, and office work.

The volunteer program at the Center is unique. We are flexible, non-judgemental, and concentrating on the needs of people. You are welcome to bring your children with you any time you come to the Center. You are always welcome to drop in . . . you don't always have to work. There just might be a baby who needs to be rocked, a toddler needing a story, or a woman wanting to share a cup of coffee. They could be waiting for you!

_____ The fund raising activities of Concern Inc. interest me.

_____ I would be interested in attending a Concern meeting to learn more.

_____ Of particular interest to me would be an informal coffee where I could discuss the activities of Concern with the women involved.

Name______________________________

Address____________________________

Phone #____________________________

_____ Yes, I would like to help at the Center, working directly with clients. My special interest is __________________.

I would be able to help with _____transportation; _____child care; _____peer counseling; _____recreation; _____arts and crafts.

_____ I have ____________________ which I would like to donate to the Center. They can be picked up _______ at (location)________________________ at (time)__________. Or, I will deliver.

_____ I am unable to help at this time. However, I would like to remain on the mailing list in order to stay in touch with the work of the Center.

_____ Unfortunately, I am unable to devote any time to the Center. However, I would like to help. Enclosed find my donation in the amount of_______________.

BUSINESS MANAGEMENT

Now that you've got it . . .

In the very beginning of our operation, the Center's fiscal procedures and money management were exceedingly simple. We had only one source of funding, only full-time employee to pay directly, and we had only one "program". We simply kept a journal of our receipts and our expenditures, and check copies were sufficient back-up for expenditures.

Four years later we have nine different program categories with sixteen different funding sources, all of which have differing fiscal years and reporting requirements plus different forms and different restrictions regarding the expenditure of the monies which have been given us.

It has always been the commitment of the Crisis Center to conduct all financial matters in a way that will allow for full public disclosure, provide a clear audit trail, and establish our fiscal accountability and responsibility.

The aim of any business management system is to keep track of all of the money that comes in, where it goes, and for what purpose it is expended.

Rather than totally re-invent the wheel, we would refer you to the following excellent basic "start at step one" books which will lead you step-by-step into the basics of accounting for your money:

Bookkeeping for Low-Income Citizen Groups prepared by the National Council of Welfare, October, 1973, National Council of Welfare, Brooke Claxton Building, Ottawa K1A 0K9.

You Don't Know What You Got Until You Lose It, an introduction to accounting, budgeting, and tax planning for small, non-profit organizations and community groups, Thomas F. Miller, G.R. Orser, The Support Center, 1424 16th Street, N.W., Suite 201, Washington, D.C. 20036, Second Edition, 1976.

There are some tips that we hope can make the whole process easier, however. Remember, the longer you are in business, the more it will seem like you are "playing three dimensional checkers with a touch

Now that you've got it

of Russian roulette" while you try to keep track of the whole funding business.

When to begin and end your fiscal year is an important consideration. You will probably never have all of your funding sources operating on the same fiscal year. It was our choice to have our fiscal year the same as our basic funding source -- township. This combination of different fiscal years makes budgeting and forecasting more difficult. Any contract which you sign that does not coincide with your fiscal year must be pro-rated to the amount of time that is within your fiscal year for that year's budget.

We have included among the forms at the end of the chapter, a list of projected income for our FY80 which will indicate what we mean. Because we are in the same time frame as the townships, our contracts are total. All other sources have different fiscal years and therefore show the end of one contract year and the beginning of a second one during our fiscal year. It is also important in making a budget to indicate what type of contract you are signing. A contract for purchase of service means that if you deliver no service you receive none of that money. A restricted contract means that every penny of that contract is committed to specific expense items.

This leads to the ever-occurring problem called "cash flow". The amount of money available to you often has no relationship to the amount of service which you have delivered or the pile of bills which is sitting on the bookkeeper's desk.

It is important to find a part-time bookkeeper with experience. It is also very helpful to find a knowledgeable treasurer of the board who is willing to work with you and share expertise.

One last word before we describe the rudiments of "keeping track" of the money. Be sure all money decisions are made by the Board of Directors and are written in their minute book. Committee meeting minutes should also be there. When an auditor asks you one year after the fact who approved what percentage raise and for whom, and it does not appear in the minutes, it is a questionable item on the audit.

Also, Federal and State funding requires that you keep ALL records three years whether you are in existence or not.

The Ins & Outs

We have functioned on both a cash basis and an accrual basis. This fiscal year was the time of changeover to accrual accounting since it is required by most state agencies. It does provide a truer picture of the agency's financial picture at any given time.

KEEPING TRACK

All bills and requests for payment are given to the bookkeeper. She then fills out the request for payment form and notes what category of expenditure is involved. The list of account numbers we use was suggested by our auditing firm.

Monthly the Request for Payment sheets for the preceding month's billings are given to the Executive Director for signature of approval. These are then co-signed by one of three Board members (president, vice president or secretary).

The bookkeeper makes out all checks based on the approved Request for Payment form. The checks are double-signature checks and may be signed by any combination of bookkeeper, President, Vice President, and Treasurer. The Executive Director does not have signature approval for writing checks.

The Executive Director lists all checks that come in.

The bookkeeper also receives and receipts all monies received by the Center, prepares all bank deposits, and maintains the accounts receivable file.

Payroll is handled by the bookkeeper. Time sheets are filled out by all salaried personnel. The payroll is made out on the basis of the time sheets in accordance with the personnel policies and salary schedule. Time sheets are signed by the Executive Director or Assistant Director. The bookkeeper makes all FICA and tax deposits related to payroll, pays and keeps records of all health insurance and claims, and maintains personnel records.

Quarterly and monthly statements of expenses are prepared for records and Board of Directors by the bookkeeper. She also prepares the end-of-year statements and works with the auditing firm in preparation for the yearly audit.

Petty cash, food, and postage accounts are kept in the safe on a cash reimbursement basis. Petty cash account is $50.00 per month; postage account is $35.00 per month; food account is $400.00. At any given time the receipts and cash available must add up to those amounts, and the account is reimbursed monthly.

The Ins & Outs

Budgets, funding requests and financial statements to agencies and funding sources are jointly prepared by the bookkeeper and the Executive Director.

Travel expenses are paid at 15¢ per mile plus documented expenses as authorized on the basis of the mileage form.

Billings are prepared by the Executive Director using the Client Service Log. Statistics for the monthly service record are prepared by the Case Managers at the end of the month and reported on forms which allow for funding and geographic definitions.

Sample forms appear on the following pages.

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SAMPLE FORM: PROJECTED INCOME

COMMUNITY CRISIS CENTER, INC.

Budget Projection of Income FY80

April 1, 1979 to March 30, 1980

TYPE	SOURCE		APPROVED	PROJECTED	PROPOSED
	TOWNSHIPS				
A	Elgin		40,000		
B	Hanover			2,000	
B	Dundee			2,000	
A	Geneva		1,000		
A	St. Charles		1,000		
A	Calumet		300		
B	Other			1,000	
	UNITED WAY				
C	Suburban	through 6/30	1,000		
		through 3/80	6,440		
C	Elgin	through 11/79	7,550		
		through 3/80	3,099		
	STATE				
B	Title XX	through 6/79	12,132		
		through 3/80	38,700		
		through 3/80			45,491*
B	DCFS	through 6/79	2,000		(Because of
		through 3/80		7,200	1/4 match
					rqmnt, max
					that can be
	FEDERAL				captured is
D	ACTION	through 10/70	14,583		$34,118)
		through 1980			72,017
D	LEAA Victim Assistance				
		through 12/79	27,863		
		through 3/80		9,000	
D	LEAA Crisis Advocacy				
		through 12/79	1,500		
		through 3/80		800	
D	HUD			25,000	
	OTHER				
	Speaker fees			1,000	
	Contributions			5,000	
TOTALS			$157,117	$53,000	$117,508

$210,117

A - Contract, reimbursment for expenses
B - Purchase of Service
C - Contract
D - Restricted contract, reimbursement for expenses

SAMPLE FORM: BUDGET EXPENSE PROJECTION

COMMUNITY CRISIS CENTER, INC.
Budget Expense Projection FY80
April 1, 1979 to March 30, 1980

PERSONNEL		
Salaries (includes 6% pay raise at anniversary date)	$136,081	
Fringe Benefits (est. @ 10%)	13,600	
		$149,681
PROGRAM EXPENSES		
Food	3,600	
Interest expense	2,000	
Telephone	5,000	
Utilities	4,000	
Insurance	1,000	
Repairs and Maintenance	1,000	
Advertising	500	
Real Estate Taxes	700	
Office Supplies	1,500	
Printing/copying	2,400	
Program Materials	1,200	
Travel	3,000	
Scavenger	400	
Postage	800	
Specific Assistance to Clients	150	
Professional Fees	5,000	
Miscellaneous	500	
Mortgage	5,000	
House Repairs	25,000	
		62,750
TOTAL		$212,431

Rev. 5/28/79

SAMPLE FORM: CHART OF ACCOUNTS

COMMUNITY CRISIS CENTER, INC.

Chart of Accounts

ASSETS

101 - General Cash Account
102 - Payroll Cash Account
103 - Savings Account
105 - Petty Cash

110 - Accounts Receivable
111 - Refunds Receivable

120 - Prepaid Insurance

150 - Land and Building
151 - Furniture and Equipment

LIABILITIES

201 - FICA
202 - Withholding tax, Fed.
203 - Withholding tax, State

210 - Real Estate Tax Accrued

220 - Deferred Revenue

230 - Accounts Payable

240 - Loans/Mortgage Contract
241 - Loans/Other

NET WORTH

401 - Unrestricted
402 - Donated Property
403 - Investment in Land/Bldg/ Equipment

INCOME

501 - Elgin Township
502 - Geneva Township
503 - St. Charles Township
504 - Dundee Township
505 - Hanover Township
506 - Other Township

510 - United Way - Suburban
511 - United Way - Elgin

515 - Dept. of Child/Family Svces
516 - CETA
517 - Title XX
518 - LEAA Victims Assistance
519 - LEAA Crisis Advocates
520 - ACTION - Support
521 - ACTION - Volunteers

530 - Contributions

540 - Speaker Fees

550 - Interest Income

560 - Miscellaneous

EXPENSES

601 - Gross Salary
602 - Employer Share - FICA
603 - Health Insurance

610 - Interest Expense

621 - Postage
622 - Telephone/Ofc. & Emerg. Svce.
623 - Telephone/Pay phone
626 - Office Supplies
627 - Printing & Copy
628 - Program Materials

632 - Specific Asst. to Clients
633 - Legal Fees - Clients
634 - Medical Fees - Clients
635 - Child Care Costs

640 - Travel & Conference

650 - Advertising & Publicity
651 - Corporate Fees & Taxes
652 - Consultant Fees

655 - Assessments & Dues

670 - Electricity
671 - Water
672 - Gas
673 - Scavenger
674 - Insurance

677 - Repair & Mntnce/Building
678 - Repair & Mntnce/Equipment
679 - Equipment Rental

682 - Food

690 - Miscellaneous

SAMPLE FORM: PROGRAM - FUNDING BREAKDOWN

COMMUNITY CRISIS CENTER, INC.
Program - Funding Breakdown FY80

CATEGORY	SOURCE						
	TOWNSHIPS	UNITED WAY	DCFS	TITLE XX	LEAA - V.A.	LEAA - C.A.	ACTION
Administration & General	X	X	X	X	X		X
Shelter	X		X	X	X		
Information & Referral/ Emergency Svces.		X		X			
Technical Assistance							X
Advocacy	X			X	X		
Volunteers	X			X	X	X	X
Counseling	X	X	X	X	X		
Support	X	X	X	X	X		
Groups	X	X	X	X	X		

6/15/79

SAMPLE FORM: REQUEST FOR CHECK

COMMUNITY CRISIS CENTER, INC.

REQUEST FOR CHECK

DATE ________________________

NAME ____

ADDRESS ____

____

AMOUNT ______________________

ACCOUNT NUMBER _______________

EXPLANATION:

REQUESTED BY ____

APPROVED BY ____

PAID BY CHECK NUMBER ____________________

AMOUNT ____________________

DATE MAILED ________________________

BOOKKEEPING: Account/Fund ________________________________

Line Item ___________________________________

By ____

SAMPLE FORM: TIME SHEET

COMMUNITY CRISIS CENTER, INC.

TIME SHEET

NAME ______________________ POSITION ____________________

Payroll Period ending ____________________

DATE	FROM	TO	TOTAL HOURS

Hrs. Required ____

Hrs. Worked ____

Sick Leave ____

Vacation Leave ____

Personal Day ____

Holiday ____

Comp Time ____

Comp Time Used ____

TOTAL ____

APPROVED BY ______________________________________

PAID BY ____

CHECK NUMBER ____________________ DATE ______________

SAMPLE FORM: MILEAGE FORM

COMMUNITY CRISIS CENTER, INC.
MILEAGE FORM

NAME ______________________________

FOR THE MONTH OF ______________________

DATE	ODOMETER:		PURPOSE OR DESTINATION	TOTAL MILES	COST @ 15¢
	BEGINNING	ENDING			
			TOTAL		

The above mileage was driven in my personal car.

____
Signature

APPROVED ______________________________

PAID ____________________ DATE ______________

SAMPLE FORM: REIMBURSEMENT REQUEST

COMMUNITY CRISIS CENTER, INC.

REIMBURSEMENT REQUEST

DATE ______________________

TO ____

____

____

FOR SERVICE PROVIDED FOR:

CASE NUMBER	NUMBER OF PERSONS	NUMBER OF DAYS	RATE	TOTAL

Mary C. Berg
Executive Director
Community Crisis Center
600 Margaret Place
Elgin, Illinois 60120 312/697-2380

PROGRAM

PHILOSOPHY

Many questions, no easy answers

The shelter movement is at times inspired by -- and at times clouded by -- rather complex philosophical issues. As a part of the movement, you will be confronted by widely divergent points of view almost daily. It is important, therefore, for your group, board and staff to spend some time talking philosophically, to develop a "corporate point of view" -- a solid foundation on which to build future policies, services, and procedures.

At the base of the Community Crisis Center program are three simple philosophical statements:

> Each person is entitled to a safe environment free from violence and fear of violence.
>
> Each person is capable of change and accepting responsibility for change in her own life.
>
> Each person has unique needs and is capable of making a unique contribution.

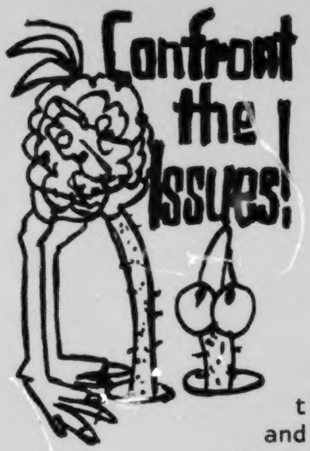
Simple statements, but when combined with a working definition of domestic violence, they form a yardstick by which to measure the information related to future decisions. It is easy to lose sight of the basic philosophy as in the early days of the Community Crisis Center when the staff overlooked the residents' needs and abilities to contribute by having volunteers responsible for all housekeeping and maintenance (see chapter on Housekeeping). Such an oversight can and did result in a loss of time and energy. It is important to arrive at the philosophical base as soon as possible so that even early policy decisions are made in light of that philosophy. There will be fewer errors of direction; less need to re-group and redirect.

WORKING DEFINITION

The "working definition" of domestic violence adopted by your shelter will have an important effect on your program. The working definition differs from the dictionary one in that it looks to the causes of domestic violence and focuses your services on those causes.

Many questions, no easy answers

Two working definitions seem to prevail among established shelter programs. The first considers domestic violence to be the direct result of the institutionalized subservience of women. The second focuses on domestic violence as a relationship problem. This is not to say that a shelter could or would function acting on only one of these definitions. Shelters would probably acknowledge the truth of both definitions as causal factors, but the choice is one of focus and program emphasis.


Confront the Issues!

The program which focuses on domestic violence as the direct result of the institutionalized subservience of women will use a larger portion of staff time and energy to work for institutional and attitudinal change. They will often be working on a state or federal level for legislative change. On the other hand, the program which chooses to focus on domestic violence as a relationship problem will emphasize service to the individual/family on a more local level. Obviously a choice is not made with the total exclusion of the other choice. Successful programs reflect a combination -- the decision being one of focus and emphasis.

Develop a working definition -- an emphasis -- a direction for your shelter program. Choices will have to be made at some point in terms of time and energy for the individual or the cause; raise the issues before the fact and develop a measuring tool to aid the decision-making process.

There are many specific philosophical issues surfacing daily as more people become involved in the large issue of domestic violence. The following represents some of the main issues and the Community Crisis Center response.

The Community Crisis Center response is not set down here as THE correct response. It is only a program and perspective that has worked in Elgin, Illinois. Know what will work in your area, know the feelings of your group members, develop and use a philosophical statement.

Many questions, no easy answers

The Community Crisis Center has chosen to focus on domestic violence as a problem within a relationship having traditional, cultural community sanctions. Service to the individual/family has always been a priority due to their strong community support. The majority of staff time is spent in providing for direct client/resident services. Networking involving all community services has become increasingly important, and that, in combination with community education, consumes the balance of staff time. As the Community Crisis Center has grown in terms of staff, knowledge, and influence locally, it has responded to state and national pressure to become involved. Participation on those levels remains secondary to direct client services and community education.

SECRECY . . . SECURITY

Shelter programs have, for many years, been developed under the assumption that absolute secrecy in terms of the location was essential to providing a safe environment. Secrecy has come to mean the same as security and often security goes on to require extensive security systems.

Many new shelters, however, are opting for a visible location/program. Some even feel that there is ultimately more security in visibility. The Community Crisis Center holds that point of view after four and one-half years of services. The reasons include:

- An abusive male is usually violent only on his own territory and rarely violent to strangers or in strange territory. Domestic violence is private crime taking place between two people who know one another -- no spectators. Domestic violence thrives in isolation. At a shelter, particularly a visible shelter, the woman is no longer isolated.

- The shelter staff quickly become role models for residents. What is the staff really saying to a resident by seeking to isolate her further and "buying in" to her hysteria. She is being told, once again, that she is helpless, worthless, and that the system does not work for a helpless, worthless person.

Many questions, no easy answers

■ Secrecy often provokes anger; openness can diffuse anger. The man who has been looking for his wife for three days -- pounding on the doors of relatives, the police, and social service agencies is likely to be very frustrated and very angry when he finally finds her. The man who is met at the door with concern and understanding, though within strict limits, is likely to respond positively to that attitude.

Before anyone thinks the Community Crisis Center is being "Pollyannish", it must be said that they are open but not ignorant; concerned but not careless. For instance, there is no sign other than a street number outside the facility, and the address is not carelessly publicized. Moreover, the police are aware of and respond quickly to the special needs and security problems of the Center. Because of its location, most people find the phone number before the address and usually find it necessary to call for directions. In four and one-half years there have been three potentially dangerous incidents with violent men. In all cases, a phone call from the man himself provided some warning, police responded quickly once advised of the potential danger, and the anger once confronted was diffused. The woman in one instance chose to go home with her husband. In the other two cases, the women chose not to see or talk to the men involved. The shelter was able to provide a safe environment allowing for the power and the choice to be that of the woman.

Women, potential residents, usually call first to arrange shelter. At that time they are advised not to tell anyone where they will be staying. Instead, they are told to reassure relatives and friends that they will be in touch.

■ Consider that a secret shelter does not involve the community to the extent of a more visible facility. Members of the community are constantly dropping in as volunteers, donors, or just curious taxpayers. Residents are not isolated. They are treated, not as battered women, but as whole persons capable of interaction, accepting responsibility, and making decisions. The victim is not hidden; neither is the crime.

When a shelter location is not kept secret, the chance of a woman seeing or being seen by a friend or relative is greater. Each woman is told that her privacy is to a large extent in her own hands. She is free to remove herself from any interaction she finds unnecessary or uncomfortable. She may make or refrain from making explanations to volunteers, friends, etc. Visitors, volunteers, and workers are similarly admonished about confidentiality.

Many questions, no easy answers

A personal note from Gretchen . . .

> *"I must add, at this point, one of my most memorable and significant experiences at the Community Crisis Center. Joanne, a new resident of perhaps three or four days, found out that her husband knew where she was and was on his way to find her and take her home. (In fact, Joanne told his mother where she was, though we had suggested that she tell no one.) As I walked into the kitchen for a cup of coffee, Joanne warned in a shriek, 'Gretchen, you'd better go home. My husband is coming and he's very dangerous.' I was immediately touched by her concern for my well-being, but also shocked as I always am, at the depth of her fear. Something, perhaps a stubborn streak, made me say to her, 'I don't even know your husband. I know he has abused you, but he has never been abusive to me. So, I will not be afraid of someone I don't even know. I cope with more realistic fears everyday and now that you are here, so do you. If we acted on even the most realistic, we wouldn't even cross the street in hearing traffic or take a bath in our home.' Soon, though still shaking with fear, Joanne was no longer hysterical. We were able to discuss her options -- her power -- and make plans for his visit. The children were put upstairs in the playroom with a volunteer, Joanne went to her upstairs bedroom, and two staff members answered the door. 'We bet you're worried about your wife and kids. Joanne and the children are fine, but she doesn't wish to speak with you. We would be happy to talk with you. Would you like a cup of coffee?' Limits were clear, boundaries drawn, concern expressed, power distributed, and to this day, though he and Joanne remain separated, he thinks of the Community Crisis Center as a place that helped him!"*

MEN

The previous discussion naturally combines with a discussion of men and their relationship to your shelter facility program. It is obvious that the Community Crisis Center does not ban men in any way. In fact, all services with the exception of shelter are extended to men. Of course, there are at least two sides to the issue and some of your considerations should be:

Many questions, no easy answers

THINK ABOUT IT

By denying men visitation or access to their children are you denying their legal custodial rights and recognizing only the custodial rights of the mother? What is your legal position?

Is it preferable for the woman to be able to deal with her husband, at least minimally, while papers are served, injunctions attempted, etc.? While she is staying at the shelter? The alternative is to have to deal with him at some point after leaving the Center. To not "deal" with him at all is usually not an option.

Are you working effectively against domestic violence if you do not involve, even minimally, the men? The Community Crisis Center, for instance, is currently working with the second battered wife of one batterer -- they worked with a girlfriend in between the wives. It is too expensive and dangerous to not have talked with him on the chance that he would recognize that HE has the problem.

Of course, when working with the men during crisis intervention counseling or within a group, it must be made clear that the Center is not in any way advocating reconciliation. Whatever help the man is seeking must be sought for his own benefit and not with the sole hope of "getting his wife back". The counselor/group leader must be careful to clarify the shelter's position but it is unrealistic to expect that the men will give up all hope of reconciliation

By excluding men, will you be denying your residents, children particularly, the opportunity to know/see non-violent males? Male volunteers, even staff members, could serve as valuable, non-violent role models. An experience at the Center illustrates this:

While at the Community Crisis Center, Vicki demonstrated an obvious fear of men with beards or mustaches. Her dad was so proud of his! In fact her shrieking and hiding so bothered our summer maintenance man that he eventually shaved off his beard. A conference between the Center staff and Vicki's mom resulted in a plan for Wednesday evenings to become Vicki's "dinner with Uncle Wayne" night. Uncle Wayne had been a volunteer at the Center for several months. He is a quiet, gentle man with an impressive beard. In his low-key but persistent way Wayne arrived Wednesday after Wednesday, ate dinner, read stories, sang songs. Soon Vicki was telling everyone about "her" Uncle Wayne. One day a staff person asked how she liked Uncle Wayne's beard. Vicki quickly replied, "My Uncle Wayne doesn't have a beard." She saw it but it didn't matter -- a small effort for volunteer and staff; a big, important step for Vicki.

GRASS ROOTS - WOMEN TO WOMEN vs PROFESSIONAL -- MENTAL HEALTH MODE

It is not possible to make a clear cut division between what appears to be these two easily separated issues. This is because most successful shelter programs represent a combination of the two. Again, the choice is one of focus and emphasis. Most shelters have begun as the result of grass roots efforts but because of funding requirements eventually find it necessary to become more "professional".

The Community Crisis Center has grown in just that way, beginning as a totally grass roots organization and stopping just short of mental health funds and programming. The Center feels it necessary in its community to avoid association with the mental health community, though such an association can work in other areas. However, professional client and administrative services have always been a primary goal. Providing service on a professional basis is often ultimately the only way to survive. Funding seems to flow more easily to structured programs and standardized procedures. Without debating the "rightness" of that situation, it is a recognized reality. Because the Center believes women are entitled to the best services possible and because those services cost money, a professional perspective has been adopted. The Board, the volunteer, the program, and the community interaction still reflect grass roots participation.

You will meet other issues. They will be complicated and emotional ones that would be easier to overlook. But, know that you will eventually be forced to deal with them.

SERVICES

The name of the game

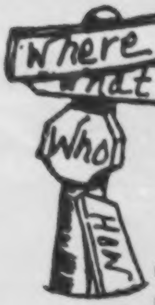
- Information and Referral
- Crisis Intervention and Counseling
- Case Management
- Advocacy
- Support
- Community Education

Although the ultimate service a shelter provides is the option of leaving a crisis situation and finding a safe environment, the shelter facility is the logical extension of information and referral, crisis intervention, and advocacy services. It is also the most appropriate location for those services and for support services, case management, and community education. This is because of the shelter's twenty-four hour availability and first-hand knowledge of the problem of violent families.

The services a shelter provides are determined by the needs of the client and service gaps within the community. The needs of the client are physical (food, clothing, etc.), economic (job, welfare, child care, housing, etc.), and emotional (support, counseling, therapy, etc.). Each service present in the community which may meet one or more of the client's needs must be evaluated in terms of availability: location, hours, staff; and adequacy: staff, knowledge, and goals. A service cannot, however, be adequate if it is not available when most needed. Often it is this lack of availability that makes it necessary for a shelter to provide a particular service. For instance, the community may provide an adequate clothing center available at low cost from nine to five Monday through Friday. Good! But not adequate in terms of your residents who come in on Friday at 11:00 p.m. and have no money. What will they do until Monday at 9:00 a.m.? Then what will they do Monday, having no money? The shelter needs to provide emergency clothing for such a situation.

The name of the game

INFORMATION AND REFERRAL



Current, accurate, and complete information -- quick, sympathetic, and thorough communication of that information -- those are the elements of a successful Information and Referral service. Information and Referall will be necessary for you in person as well as in your telephone contacts.

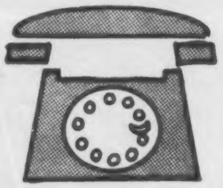
Obviously, such a service requires trained staff, a private setting, and a super collecting and filing system for easy access to the information. The Community Crisis Center operates the crisis intervention and emergency services line for most of Northern Illinois. The following is a list of problem areas representing the most often requested Information and Referral:

- child abuse
- child care
- divorce
- drug/alchol treatment
- consumer problems
- family problems
- financial counseling
- woman abuse
- interagency conflicts
- legal problems
- problem pregnancy
- psychiatric problems
- rape
- suicide
- transportation

Being prepared with sufficient information is the most difficult part of Information and Referral, followed closely by the necessary 24-hour staffing. It is important to capture and record all possible sources of help available in your area. Begin by translating your original needs assessment contacts into a rolodex card file of agency telephone numbers and services. The cards, as the files increase must be cross-indexed by service and/or location. Also it is helpful for new Information and Referral staff if the rolodex is backed up with a complete description of the agency policy and service. These descriptions may be best filed in a looseleaf notebook and again cross-indexed.

All staff members and volunteers are required to seek out and record all possible "helping agencies" and resource people. Updating the Information and Referral files is also a shared responsibility.

with perhaps one person appointed to check for outdated or incomplete information every two to three months.



You may want to consider, since you will need to acquire a vast amount of data, extending your telephone Information and Referral service to the entire community and to crises other than domestic violence. In fact, such a service is usually easy to "sell" and proves an excellent use of staff time and training. By fielding a wider variety of calls, you will have the opportunity to establish a rapport with an abuse victim, be less likely to "lose" that woman who cannot yet admit she is a victim, and become familiar with the multi-problem situation of many violent families. In short, a crisis line, established for the purpose of Information and Referral and able to handle more than the call from the declared victim of domestic violence, will ultimately provide better service to all victims. For instance, a typical call is one in which a woman asks for a legal referral. Careful questioning by the case manager/counselor leads to a discussion of divorce, legal fees, etc. An attitude of interest and concern on the part of the case manager enables the woman to discuss the divorce, her feelings and whether or not violence is involved. Many times the woman is relieved to have the issue of violence raised, and she may be able to admit for the first time that she is a victim of abuse. What began and could have ended as a simple legal referral helped a woman to define her situation, begin to explore options, and become aware of available services.

Telephone Information and Referral differs from a "rap" line. The caller is not allowed to "rap" indefinitely but rather the goal is toward a plan of action. Telephone Information and Referral is really the beginning of most crisis intervention counseling.

CRISIS INTERVENTION COUNSELING

Counseling is a necessary service because it enables the shelter staff to deal not only with the material needs, but also the emotional needs of the woman. Crisis Intervention Counseling is the service through which a woman can explore her feelings as well as her options and learn to acknowledge and express those feelings.

It is important to remember that the person in crisis may exhibit extreme behavior that could lead you to believe that she is mentally ill or at the least hysterical. A trained crisis intervention counselor will know how to deal with such behavior. Therefore, a counseling capability provided by a highly trained staff on a twenty-four basis, is an important -- often critical -- service.

Crisis intervention is NOT therapy. Crisis intervention counseling is short-term, and needs to be more directive than therapy because of the limited time involved. Counseling is essential and therapy is often indicated. Therefore, it is necessary to have therapists available for consultation and/or referral.

CASE MANAGEMENT

Case management is the service which helps the client devise a "game plan" -- the plan by which the client will proceed with the help of all the services of the shelter facility. Case management is a pulling together of needs and matching them to resources. Because of the live-in situation, the shelter facility is often in the unique position of seeing for the first time the total family situation. It is an important service -- seeing what has been done and what remains to be done for/with a particular family. Within the "game plan" the shelter then assumes responsibility for interagency communication and coordination.

ADVOCACY

If case management is the game plan, advocacy is the implementation of that plan. Advocacy is the service through which the shelter staff helps clients through the maze of legal, medical, social service, welfare and governmental red tape. This often includes interpretive services for the non-English speaking clients.

Advocacy represents the outreach capability of the shelter. It requires a working knowledge of agencies and agency people. The advocate's goal should be to develop at least one contact person in each agency to facilitate communication and problem solving.

The advocate must be careful about crossing the line between legal advocacy and practicing law without a license and between medical advocacy and interfering with the doctor/patient relationship. Those are fine lines indeed, and the advocate's attitude can make the difference between successful advocacy and alienation of the professionals with whom she will be working. It is important to never pretend to know. Admit ignorance and seek the necessary information. The client must be made aware that it is she who is in control at all times. The goal of advocacy is to become unnecessary, with the woman learning to become her own best advocate.

SUPPORT SERVICES

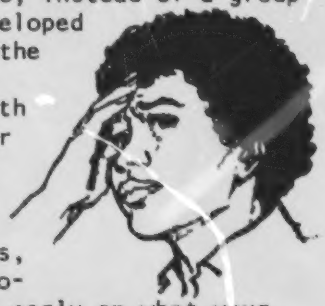
Support services include clothing, transportation, laundry facilities, meals, child care, etc., as well as informal conversation and support group meetings.

Support, like advocacy, may be provided in bits and pieces by a variety of agencies in your area. Such support, however, is often provided at the convenience of that agency to facilitate paperwork, scheduling, etc., and rarely to coordinate efforts in the best interest of the client. For your residents, support services must be available at the time of greatest need.

The Community Crisis Center has found that allowing former residents to use the laundry facilities at no cost and providing meals when necessary, affords the staff a unique opportunity for program evaluation and follow-up. Many former residents stop by weekly, often becoming volunteers and helping current clients as peer counselors.

Support in the form of drop-in or rap groups and/or ongoing support groups are also very important. Again, the services are important to both residents and non-residents. You should set limits to these services -- hours for drop-ins and number of weeks/sessions for groups. This is so that you will not be "invading" your in-house residents even though residents can participate in and benefit from such groups.

The Community Crisis Center has found it advantageous to widen the focus for each support group. For instance, instead of a group specifically for battered women, staff developed groups for "life-style changes". Many of the problem-solving techniques necessary for changing your life due to a divorce or death are similar to the techniques necessary for the new lifestyle of a former battered woman.



When developing your group/support services, remember that there are many victims of violence -- women, men, and children. Decide early on what your commitment will be to ALL victims. Often a place to start providing services to other than women/victims is in a support group setting. You are then providing service in a structured setting without significantly changing your primary focus.

Provision of supportive services to all, even those who never have or never will be residents, can create an opportunity for insight into the pre- or post-crisis family and an opportunity for follow-up and evaluation seldom possible within the shelter program.

COMMUNITY EDUCATION

Raising the consciousness of the general public concerning the subject of domestic violence is the responsibility of the shelter facility. It has been the responsibility of countless other agencies and institutions -- even our educational system. But, in all the years they have known of the widespread incidence, they have done little to increase awareness.

The shelter facility, its people and staff, need to look at community education as the greatest hope for the future. It is, therefore, a service priority in terms of your program. A staff person and/or a volunteer committee should be constantly working on ideas with which to bring the subject to the attention of the public. In-service programs for schools, mental health workers, clergy persons, police, counselors, etc. are most important. These people act as "gate-keepers" for a wide variety of services. Speak to any group who will listen, utilize media, involve family and friends. If shelters do not share their knowledge and experience, the public cannot be expected to change attitudes and support the shelter program.

Community education provides the opportunity and hopefully the necessary community sanctions for people who need to seek our help. The entire thrust of the movement against domestic violence must be toward the day when society will sanction and support the steps necessary to encourage disengagement from a violent situation, rather than supporting the institutions and traditions that imprison a person in that situation.

> The ideal shelter is a 24-hour, 365-day per year crisis intervention facility providing a safe environment, all necessary case management, advocacy and support services on an ongoing basis. The shelter staff shares the first-hand knowledge of the problem of domestic violence with the community and becomes involved in working for necessary change in attitude toward and responses to the victims of family violence.

STAFFING

The monumental challenge

Staffing your shelter will be a challenge. Given the pressures of crisis work, the long hours of operation, the usually small budget, and the fact that most crises happen when most people would rather NOT be at work (holidays, weekends, evenings), it follows that a staff may be difficult to attract and even more difficult to keep. Because of these difficulties it is necessary to be very clear about your staff needs, job descriptions, and personnel policies.

The shelter should not overlook the opportunity to demonstrate to the community the advantages of offering creative, flexible, meaningful, and well-paid employment to women. Successfully providing such employment opportunities serves as an example to the entire community and, in the end will benefit not only shelter employee but the employer (the shelter) and quite possibly the client/resident. For instance, some of the jobs at the Community Crisis Center can be "job" or "project" oriented rather than directed at "coverage". The Volunteer Coordinator position is such a job, making it especially desirable for a working mother. If the coordinator finds it necessary to meet with volunteers in the evening, her daytime hours can be arranged to compensate. Of course, children are also welcome at the Community Crisis Center should child care become a problem. Whenever possible the operative word is "flexible" with a constant eye to "complete".

This approach obviously assumes a high degree of employee responsibility and commitment. It also allows for a high level of individual input and authority. In fact, given the commitment of its staff, the Community Crisis Center has found the danger within such a flexible plan lies not in someone not doing enough, but in someone (possibly everyone) doing too much. That being the case, a brief discussion of "burn-out" seems in order.

BURN OUT

Burn-out happens because of involvement but thrives in isolation. Helping-people who do not have an opportunity to vent frustrations as well as their aspirations are going to dump more and more on themselves. They will see themselves as increasingly ineffective and not know what to do to turn the situation around. Helping-people are often people with high ideals -- high, almost impossible standards. Not only are others likely to fall short, but the helping-people are always "letting themselves down."

The particular demands of the shelter's live-in situation seem to increase the possibility of burn-out. Due to the usually small staff, the burn-out of one staff person affects the total program. Staff members should learn early to diagnose, treat, and hopefully work toward prevention of burn-out in themselves and their fellow workers. Total prevention of burn-out is probably impossible, but it is possible to lessen the pain and speed recovery. Some suggestions:

> Consider your lifestyle. Have you become increasingly dependent upon your work, fellow employees, and/or activities related to work?
>
> Become aware of the time you spend in activities related to your job that have become increasingly distasteful to you. Are you able to minimize your frustrations or are you frequently overwhelmed?
>
> Look to the power structure in your organization. Do you feel you have anything to say about the direction of your job or the level of your authority? Are you free to suggest and/or initiate changes? If you are free to do so, do you have the necessary energy?
>
> Look at your attitude -- has it changed? Has your job changed your basic personality? Do you feel your job has caused you to become critical, bitter, less idealistic, more suspicious? Do you often feel as if you have learned more than you care to know?

Before you jump to the conclusion that you are not only burned-out, but also in the depths of a depression, stop and realize that all service-providers will have a bad day, a bad week, or even a bad month. You need to examine your predominant mood/prevailing attitude. Are things -- are you -- getting worse? What can be done?

The monumental challenge

It may help to:

COPING

Begin to make realistic commitments in terms of time and energy. In other words don't set yourself up to fail by trying to do too much in too little time.

Diversify social and business relationships. At work, pursue interests both within and beyond your job description. Find things you like to do and do them. At home, begin a new project, make new friends, renew relationships.

Open up to the "good things". Isolation will protect you from more hurt, but also from possible strokes. Open up to other staff members, tune into the community, share your feelings with friends, and begin to take credit for your successes.

Take care of yourself physically. Get enough rest, proper food and exercise.

Remember that YOU are in control of you. Your job will continue to make demands, but the extent to which it affects you is your decision/choice. Take responsibility for making your job better -- more interesting, perhaps more streamlined. You know your job. Use that knowledge to make it better for you. Usually, that will make it better for everyone.

Burn-out is a very real problem. It will be a problem for your shelter staff. It is important, therefore, to attempt to structure the program with an eye to minimizing the incidence and impact of burn-out:

⇨ COMMUNICATION: Communication among staff members must be open and caring. Often it is easier to spot burn-out symptoms in someone else. It is important to be able to point out those symptoms in each other.

⇨ FLEXIBILITY: Most shelter staffs must depend on teamwork in order to provide the necessary service. Therefore, each staff person must be flexible -- helping where needed -- filling in during periods of illness, fatigue, burn-out, etc.

⇨ POWER: Each person should be made to feel that they have some power within the total power structure. Individual input should be of equal value and credibility. A feeling of powerlessness contributes greatly to burn-out. Recognition of individual talents and unique contributions must be provided to staff as well as to clients.

⇨ HUMOR: Humor, yet another form of communication, is a crucial outlet for the frustrations of helping-people. Laughing at the bizarre situations or perhaps at our helplessness against the system is often the best defense against burn-out. Somehow, finding the humor in a situation can help to put it in perspective -- to see the shelter's efforts as not indispensible, but as the "band-aid" it so often turns out to be. Taking ourselves too seriously, thinking we are capable of helping ALL people to make all necessary changes -- the white horse syndrome -- will lead very quickly to burn-out and maybe depression.

This is by no means a complete discussion of the subject of burn-out. It is included here to emphasize the existence of the problem. Staff burn-out has been and will always be a problem within shelter programs and often leads to a high rate of staff turnover. To be forewarned is to be able to build in as many precautions as possible.

Further reading: "The Staff Burn-Out Syndrome", Herbert J. Freudenberger, The Drug Abuse Council, Inc.
1828 L Street, N.W., Washington, D.C. 20036

STAFFING NEEDS AND PATTERNS

It might be helpful to develop on paper a "dream" staff -- one which would provide optimum service assuming you had unlimited funds. Then, working backwards towards reality you can arrive at acceptable and affordable staff coverage.

Be aware that in choosing some staffing patterns you will be spending a greater percentage of your personnel dollar for the coverage of low-crisis-incidence times. For instance, if you choose to have a MSW cover the daytime, 40 hours per week, and have a graduate student on duty after-hours and on weekends, your MSW will not be dealing with the majority of crises though she will no doubt have a higher rate of pay. It was for this reason the Community Crisis Center developed the position of case manager/counselor with a rotating schedule. The job description is as follows:

CASE MANAGER/COUNSELOR

Attend weekly staff meetings.

Attend monthly board meetings and committee meetings as requested by the board or director.

Provide consistent crisis intervention counseling by telephone, to residents, and to walk-in clients.

Be responsible for the safety and well-being of shelter residents

Be aware of local and social services and available resources.

Be responsible for accurate, consistent, and caring information and referral services.

Be responsible for clear, consistent inter-agency communication.

Protect confidentiality of the client at all times.

Contribute to and participate in daily case management and review.

Participate in community education programs.

Maintain and collect accurate statistics.

Assist the administrative staff in planning and program development.

Develop and coordinate programs for meeting the needs of clients in areas such as child care, nutrition, family relationships, housing, recreation.

Provide staff coverage on a rotating basis, 24 hours a day, 365 days a year, within the guidelines of the Community Crisis Center agreement.

The "shift" pattern for the six case managers is slightly confusing. It is helpful to pick a number (representing a single case manager) and follow her through the year. Each shift is worked for four weeks. In addition, each case manager chooses to work one major and one minor holiday -- each a 24-hour period.

SAMPLE CASE MANAGEMENT/STAFFING PATTERN

(5 case managers -- double staffing on weekends)

	MONTH 1 (4 wks)	MONTH 2 (4 wks)	MONTH 3 (4 wks)	MONTH 4 (4 wks)	MONTH 5 (4 wks)
8 am - 4 pm	#1	#3	#4	#2	#5
4 pm - 12 am	#2	#5	#1	#3	#4
12 am - 8 am	#3	#4	#2	#5	#1
Weekends - 8 am Saturday - 8 am Monday	#4 #5	#1 #2	#3 #5	#1 #4	#2 #3
Major Holidays: designate 5 by consensus					
Minor Holidays: designate 5 by consensus					

Case managers/counselors form the base of shelter services because they solve the problems of 24-hour coverage and they provide consistent, direct client services. Of course other personnel is necessary to the total shelter program. At the Community Crisis Center those additional positions include:

- Administrative Staff
  - Director*
  - Assistant Director*
- Client Services
  - Case Manager/Counselor
  - Advocate*
- Supportive Services
  - Volunteer Coordinator*
- Office Staff
  - Secretary
  - Bookkeeper
- Household Staff
  - Housekeeper
  - Maintenance

*Job descriptions included

In this structure it is not possible for each position to be responsible for a single service. It is assumed that all staff members with the possible exception of office and household staff, will become involved in community education, public relations, etc.

The monumental challenge

The seeking out of, planning for, and scheduling of speaking engagements is the joint responsibility of the Assistant Director and the Volunteer Coordinator. The Director assumes responsibility for funding and grants writing with the input of the entire staff. Common combinations found in other shelters include: secretary/bookkeeper, case manager/advocate, volunteer coordinator/public relations coordinator.

For optimum flexibility it is important for the Director and the Assistant Director to be trained as case manager/counselor and/or advocate. It is also helpful if there is a sharing of other duties such as typing, filing, answering phones, etc.

MISCELLANEOUS THOUGHTS

There seem to be two basic philosophical issues involved in any discussion of shelter staffing. First, the volunteer versus the paid staff, and second, the grass roots versus the professional counselor/social worker. Each shelter board should come to terms with its particular point of view. In terms of long range planning and funding a combination of all four seems to be the most sound decision. Often what is started as a grass roots/volunteer effort develops into an organization with paid, professional staff. Though that is a normal growth pattern, it seems important to retain a grass roots and volunteer staff as a demonstration of community support and economic service.

When funding staff positions do not overlook work-study agreements with local colleges and universities. Student interns from many fields including sociology, psychology, medicine, law, home economics, etc., may be interested in your facility as a possible field placement.

It may be possible to provide your after-hour services inexpensively by attracting students in return for room and board. You will need at least two so that one can be on duty at all times. The Community Crisis Center used this plan for the first eighteen months of operation. It did cause some problems, however, as the burn-out rate for live-in staff was extremely high. The reality of the situation was that the live-in staff was never really off duty. If the person on duty needed help she called on the person upstairs who may have been planning a quiet evening at home. It became necessary for resident counselors to arrange a "home away from home" where they could safely spend leisure time. Also, in such a plan the students often handle the more "heavy" crises because they usually occur after five o'clock and on weekends.

The monumental challenge

During the early stages of your shelter service, a volunteer coordinator could be crucial to your program. Her job is to seek out people who are able and willing to contribute valuable and necessary services. Among those necessary services can be advocacy, house maintenance, and community education. Because the volunteer coordinator is primarily concerned with recruiting and training the necessary volunteers, the volunteer coordinator position will significantly increase necessary personnel -- economically too.

With a limited budget, a beginning shelter program could provide a complete shelter service with a director, a volunteer coordinator, an advocate and two or three live-in counselors. Of course this is assuming greater flexibility on the part of staff, a willingness to wear many different hats, and relatively small client population.

JOB DESCRIPTION -- EXECUTIVE DIRECTOR

Conduct weekly staff meetings

Attend monthly board meeting and board committee meetings as requested

Maintain policies as established by the Board of Directors

Provide for accurate records and statistic collection

Prepare proposals and funding requests

Be responsible for all Community Crisis Center correspondence

Maintain records of corporation

Maintain relationships with funding sources

Be responsible for the provision of consistent client services

Be responsible for case management (counseling and referral) as necessary

Be responsible for public relations, community education communication and training

Serve as liaison between the Community Crisis Center and other agencies, legal representatives, etc.

Provide training to interns and trainees

Provide technical assistance to groups working to establish a shelter facility

JOB DESCRIPTION -- ASSISTANT DIRECTOR

Attend weekly staff meetings

Attend monthly board meeting and board committee meetings as requested

Maintain policies as established by the Board of Directors

Be responsible for direct supervision of all personnel

Request CETA positions and CETA personnel

Arrange for internships and provide supervision and training to interns and trainees

Seek funds for site improvement

Be responsible for public relations, community education and the necessary scheduling of staff

Provide case management (counseling and referrals) as necessary

Collect statistics and maintain records as required

Be responsible for site maintenance

Provide technical assistance as requested by groups working to establish a shelter facility

JOB DESCRIPTION -- VOLUNTEER COORDINATOR

Attend weekly staff meetings.

Attend monthly board meetings and board committee meetings as requested.

Maintain policies as established by the Board of Directors.

Consult with Community Crisis Center staff to determine volunteer needs and responsibilities.

Recruit and train volunteers as needed.

Supervise and evaluate volunteer performance with the help of Community Crisis Center staff.

Plan and conduct regular meetings of volunteers for information sharing, support, and additional training.

Provide for formal and informal recognition of volunteers.

Participate in community education and information-sharing programs.

Arrange emergency services for clients as needed, e.g., transportation, and child care.

Maintain accurate records including:
    Daily phone log
    Monthly volunteer schedule (calendar)
    Tabulation of volunteer hours/in-kind value
    Donated goods and money
    Schedule of special events
    Application forms
    Volunteer expenses
    List of active and inactive volunteers

Support volunteerism in general.

JOB DESCRIPTION -- ADVOCATE/ADVOCACY PROGRAM

Attend weekly staff meetings

Attend monthly board meetings and board committee meetings as requested.

Assist in planning and implementation of LEAA Victim Assistance program under the supervision of the Director.

Coordinate, train and schedule Crisis Advocates; implement LEAA Crisis Advocates Program.

Establish, with assistance of Crisis Center Staff, basic program policies and procedures.

Coordinate and implement community and agency education programs in order to expand awareness of the problems of domestic violence victims, resulting in increased cooperation among and between agencies and the Crisis Center.

Act as liaison between victims and the law enforcement, legal and educational systems, the medical profession and social services agencies in the area.

Recruit, train and maintain necessary manpower in the form of Crisis Advocates.

After need for advocacy is established by case manager and communicated to coordinator, the coordinator will provide for the necessary advocacy by responding herself and/or by directing and supervising a Crisis Advocate.

Will determine what case information should be considered critical to the advocacy and therefore communicated to the Crisis Advocate.

Maintain communication between staff and Advocates, coordinator and Advocates, and community and Advocates.

Maintain records and collect statistics as necessary.

Develop system for program evaluation and also individual Advocate effectiveness.

(Crisis Advocate: A volunteer providing advocate services who has been trained by and is under the direction of the Advocate Coordinator)

POLICY

Who, what, where, when

There will be a great demand for your shelter services. Sometimes that demand will be inappropriate because it will have originated with people whose needs are beyond your capabilities. In order to provide optimum service on a long-term basis, it is necessary to tailor prospective residents to your service capability.

Such limits become the policies of your facility and, though based on your philosophy, they also are influenced by concern for the client, concern for other residents, and respond to various funding restrictions.

Located somewhere between "philosophy" and "rules", policies can be divided into four categories:

> CLIENT STATISTICS: Age, sex, general health, alcohol or drug-related problems, number, age, and sex of children.
>
> PROBLEM AREAS: Divided into appropriate and inappropriate. For instance you may decide to house only victims of domestic violence and not to house people who have been evicted. Funding may also be limited to a particular problem as well.
>
> GEOGRAPHIC AREA: A decision largely dictated by funding and the number of people involved. Also, the transportation situation must be considered.
>
> MANAGEMENT CONSIDERATIONS/TIME: Temporary or extended stay -- consider that when the demand for service is great a stay of three to five weeks maximum will allow for services to a larger number of people. Some shelters, including the Community Crisis Center, have found that it is necessary to limit the shelter option to one time. Originally this was due to apprehension on the part of funding sources thinking that the "crisis" would become a "habit". Keep in mind that the Community Crisis Center does not deal exclusively with victims of domestic violence. All other services are available on an unlimited basis.

Who, what, where, when

A clear statement of policies is necessary to the establishment of your position and your image in the community. Particularly in the community in which there are few shelter options the tendency will be to "dump" on your facility for no reason other than you have beds. Establish your policies early and stick to them.

PROCEDURES

From intake to follow-up

Counseling within the context of the shelter services varies in purpose and approach. The services a shelter offers through assessment of community and client needs will, in fact, delineate what counseling procedures are to be employed. As exemplified in the format of the Community Crisis Center, counseling procedures can be adapted to the following specific aspects of the shelter service areas:

- Crisis intervention counseling/24-hour hotline
- Counseling clients on a "walk-in" basis
- Intake, assessment, and evaluation of a shelter candidate
- Environmental engineering and referral hook-ups for clients
- Group counseling
- Health care and nutrition counseling
- Counseling in skill building
- Family counseling
- Counseling services for children
- Marital and individual counseling for spouse/mate
- Termination of shelter residency
- Follow-up and discharge planning

The counselor working in a multi-mileau setting of this nature must be able to adapt a variety of skills in order to meet the needs of clients and residents. The following is a breakdown of the procedures involved in shelter counseling services, based on the experience of the Community Crisis Center.

INITIAL CONTACT WITH CLIENT

The initial client contact may occur in a variety of forms. The major ones are:

- Call made to the shelter by the individual in need of services.

- Referral of a client by an agency, friend or relative
- Client coming directly to the shelter facility on a walk-in basis for counseling

NATURE OF INITIAL CONTACT

The contact may take one of three possible forms/directions:

- Information and Referral
- To talk
- Crisis situation

In order to differentiate the presenting needs of the caller, the counselor must assess through the context of the conversation the precipitating event that triggered client contact, what the client identifies as the problem and the underlying causes, and what the counselor discerns the presenting problem to be and what strategy is to be employed in assisting the client.

Crisis intervention counseling incorporates the use of listening and empathy skills. These are vital skills in developing an initial rapport, allowing the caller to express anxieties and concerns and collecting information about the client's situation and immediate needs. Through the initial process, the counselor should be able to distinguish whether the caller would best be assisted by making a referral to a specific, more appropriate agency or agencies. Possibly the caller can benefit by some information that the counselor could disseminate on the phone. On the other hand, the counselor may realize through the caller's conversation that the need at the time of the call is to "let off steam" and simply have someone listen to the problems without need for referral or intervention.

In assessing whether the caller is in a state of crisis, the counselor must be sensitive to many cues which the caller may be communicating (either directly or indirectly) stating that she does not have control over emotions and/or the situation; that she is not able to make a decision regarding how to cope with the crisis, that she is expressing feelings of helplessness, isolation, confusion, and/or a basic lack of functioning productively in a particular life situation. Emotional indicators may take the form of voice inflections of fear, anxiety, tension, lethargy, depression, intense anger indicated by crying, a low tone of voice, excessively loud voice, loss or interruptions of breathing patterns, inebriation or of drug-induced elation.

Further in the conversation, the counselor may identify a denial of the problem and/or the intensity of the situation. The caller may also indicate physical cues of distress such as a loss of appetite, sleeplessness, physical illness, and more severely a distortion in a perception of reality. These cues are manifested through visual, auditory, and olfactory hallucinations, loss of limb control, and paranoid suicidal/homicidal ideations, or talking in "word salads". Having assessed the situation as critical, the counselor must incorporate the factors involved in crisis intervention counseling -- it is short-term and goal-directed; it does not attempt to deal with the whole personality, but instead focuses on the immediate needs of the caller in crisis. Through goal setting and other direction the counselor will then attempt to restore the client to a workable level of functioning.

Once the client has achieved an emotional level of stability, the counselor may begin to assist the caller in the decision-making process. If, at this point, it is deemed that the shelter services are a viable resource in supporting the client's decision regarding her crisis, a referral for counseling, intake, and shelter may be offered and explored. Usually, an appointment for a counseling session and shelter intake interview is arranged. Obviously, in cases of extreme danger, the case manager/counselor will approve one night's shelter over the phone in order to assess the more complicated and critical situation.

THE INTAKE

Questions which need to be explored with the client regarding appropriateness for shelter are:

FIND OUT

Why is the client seeking help at this time? Why now?

Has she sought help before? If so what kind and what happened? Why didn't she follow through?

Is this a thought-out decision or is it a rash, emotional decision made as a result of being hurt and/or angry?

Can she see herself being without a significant other, without a man in her life? Has she ever lived on her own and been self-sufficient?

Does she feel ready to leave her mate/spouse at this point or are there other alternatives she would like to try? (The policy at the Community Crisis Center is a one-time stay.)

From intake to follow-up

ASK

What is she fearful of? How dangerous is her situation?

What does she want to accomplish while at the shelter? Legal action, housing, employment, medical attention, therapy, etc.?

What are her personal resources -- monetary assets, emotional support from family and friends, employment, day care, transportation?

Is the shelter facility the best option for the woman and her family to accomplish her goals as opposed to seeking out other options with friends or family?

In addition to the above questions, basic information needs to be gathered on the family members. This includes place of residence, referral sources, details of situation, sex and age of children, on public assistance or if employed, where, when and day care arrangements, husband's employer, financial situation, (i.e., bills due, savings, current income), other agencies involved, (if drug and/or alcohol-related problems, plans for both the immediate future and long-term, and medical backgrounds of the woman and her children. Does the family eventually want to live in their original geographical area or to relocate in Elgin? If from out of the area, do they have transportation -- a car, friends to drive, etc.?

Once these questions have been explored, the counselor should be able to determine whether shelter is appropriate. Some typical cases where shelter would be warranted:

> A twenty-five year old woman from the Elgin area has been married eight years and has three children, ages two to seven. The woman wants to leave her husband because the violence has increased in frequency and severity and her husband does not feel that he's the one who needs to change. She has left before and stayed with her parents. She has returned because her husband promised to stop drinking and go to counseling. He went once and refused to go back. The violent incidents have increased in frequency and severity. Last weekend he hit her youngest daughter. The child abuse precipitated her call. The woman's plan is to get a divorce, apply for public aid, and locate an apartment for herself and her children. She can't stay with her family because she has gone there before and they are tired of her husband's harassments. Her close friends simply do not have enough room for four additional people.

From intake to follow-up

> A twenty year old woman who lives with her boyfriend calls for shelter. Her boyfriend has locked her out. She has an eight month old baby. Checking our records, we find that she has called once before. At that time she wanted to know if there was a place for a woman and child to stay. She has a car but no job or money. Her boyfriend is not the father of the child and it is his apartment. She has no relatives in this state and only a few friends. She is frightened and really has no one to turn to.

The shelter facility appears to be the best option for both these women. The counselor should know that in dealing with domestic violence cases one will often find them to be multi-problematic. Be aware of the possible intakes that involve drugs or alcohol problems or anyone who has a history of mental illness. Be aware, however, that often women living in crisis situations are classified as "mentally ill". Also, be aware of those families whose need for shelter is not a crisis but a lifestyle problem unrelated to violence. The families that are taken into the shelter must not be disruptive to the other people staying there, and the shelter should be the best place for them to accomplish necessary changes.

Once shelter is an option, the actual intake begins. This usually does not occur over the phone. An appointment is made or the client may come in immediately after the initial contact. When the woman arrives at the center with her family it is a time of general introductions. The client is greeted at the door by a staff person and usually this same staff person will accompany her throughout the entire intake process. Special attention should be given to the children in helping them adjust to a new environment. It is at this time that the staff person tries to make the family feel at home. It is important to remember that the family is coming to a new place with new faces and needs a period of time to adjust. The counselor may offer food or beverage and toys for the children if appropriate. After the family is settled, the staff sits down with them and gets basic information (name, address, date of birth, social security number, etc.). At this time, the house rules and general procedures are gone over.

All people staying at the shelter are expected to follow house rules. If there are repeated violations of these rules, a family may be asked to leave. It is also expected that each family will help in the cooking and cleaning of the shelter. It is important during the intake to make the above clear in order that the family understands how the shelter functions and what their role is. When contracting to stay at the shelter, a woman agrees to fulfill certain contingencies. Her stay at the shelter can continue only as long as she works on meeting her contingencies. The Community Crisis Center requires that the woman agree to: school wherever feasible for all school-age children; and if the family has not had recent physical exams they must arrange for them at the local free clinic. In addition to these contingencies, a woman may need to apply for public aid, seek employment, contact a lawyer or look for housing in order to begin to restructure her life. As each person is unique contingencies will vary from case to case. The important point is that the woman agree to work on her problem. The initial plan constructed to do this will most likely change during her stay.

Specifically, the staff person will write out a service plan with the woman based on the contingencies. They should do this together. In this way, the woman begins to be able to make decisions for her life. The service plan would include identifying the problem area (housing, physical health, legal, etc.), stating the objectives, making a notation of any previous help that has been sought, and determining her plan of action. An example of one problem would be legal. The objective may be to get a divorce. If any leagl contracts have been made, this should be recorded; and the plan of action would be to alert her lawyer as to her present circumstance. As stated, the plan may change based on what is available and what the woman accomplishes while staying at the shelter. Also while filling out the service plan form, the woman is requested to sign a medical emergency release form and information releases for the agencies which the Community Crisis Center may contact on her behalf.

Once a service plan has been set up, the length of stay at the shelter is discussed. There is a general policy of three weeks maximum stay at the Community Crisis Center. Upon intake the woman is offered only a portion of the maximum. At best, one week will be decided on, but often a day or two. The purpose for this is to give the woman a chance to get adjusted to the shelter and develop a clearer picture of what she needs to accomplish in order to alter her living situation. This initial time factor also allows the shelter staff to evaluate the woman's motivational level and to develop a team approach as to how staff members may be of assistance to her if additional time is required. The length of stay is extended when it is determined that additional time is needed in order for the woman to organize and implement the available services. Of course, even if shelter is no longer necessary a woman is encouraged to take advantage of all of the other Community Crisis Center services.

EVALUATION OF CLIENT PROGRESS

While the woman is staying at the shelter facility, evaluation of her progress is made by the staff through weekly staff meetings based on daily contacts made with the client to discuss her progress and feelings. Weekly staff meetings serve as a time at which all team members involved with the resident can exchange information regarding her progress and also discuss in what further ways they may be of assistance in helping her reach her goals. The need for additional length of shelter stay is also discussed and the specific tasks which the woman will undertake during the coming week are covered.

OUT TAKE PROCEDURES

Usually the decision to end shelter service comes when the contingencies or goals set upon intake are fulfilled and living arrangements have been arranged. The new housing arrangement may take the form of either the procurement of an apartment or house by the woman, living quarters with a relative or friend, or a referral to another shelter facility if indicated. Of course, the woman may choose to return to her original situation. If that is the case, she is encouraged to remain in touch with the Community Crisis Center and to try to bring some power to the relationship to which she is returning.

Several forms relating to the client's evaluation of shelter service and staff performance are filled out by the client with the assistance of a staff member. Within the context of the forms are questions relating to whether the client recommends any change in the shelter services and program, and what objectives, feelings, and goals the client has for the future. Sometimes the client/resident has become particularly dependent upon the shelter staff. In such cases, termination becomes an important, but delicate procedure. There may be a need to explore with the client, these feelings of dependency in order for the client to gain a better insight into interpersonal dynamics and how this affects her relationship with others.

FOLLOW-UP PLANNING

An integral part of the out-take procedure is to incorporate some form of follow-up planning with the client. The Community Crisis Center continues to offer all services to the client and her family with the exception of shelter. These services include: individual, group, family, and marital counseling; advocacy and referrals; and all other support services.

From intake to follow-up

The client is given follow-up post cards each one marked for a time sequence up to one year after shelter. These cards serve as a brief questionnaire regarding how the client is functioning in her present situation and also serve as a request for staff contact. A six-month follow-up form is also done to evaluate the client's status at that time -- questions concerning personal growth, family status, economic status, children, family violence, and evaluation of other agency services. This would be done in person at the Center. The six-month follow-up gives a more detailed picture of how the client is progressing and what, if anything, they need in terms of shelter services.

Counseling procedures vary from shelter to shelter depending on community needs, board philosophy and staff policies. The aforementioned procedures used by the Community Crisis Center serve as a possible framework on which to base shelter counseling services. It is not, however, inclusive of all possible services and related procedures which can be a part of the shelter setting.

Sample forms used by the Center are included in the following pages.

SAMPLE FORM: CALL SHEET/SAMPLE FORM: SUMMARY AND DISPOSITION OF CALL

Every call that comes in to the crisis line is logged on our CALL SHEET (see Sample Form on following page). The following information is recorded on each call: date, initials of staff person who took the call, our code for the type of call it is, the case number, summary of the call -- including designation of whether a case comes under Title XX funding.

Our code system is divided into two categories: AD for all administrative calls; AC for calls pertaining to our Action Grant; ADV for advocacy calls; VOL for calls pertaining to our volunteer program; IA for Inter-Agency calls; CRI for community request for information calls.

Calls listed in the Client Column are: C for counseling calls where the caller presents a problem or crisis and needs the attention of the counselor on duty; I&R for Information and Referral calls where the caller states the specific kind of help she/he needs, and an appropriate referral is made; ES refers to emergency services calls and is probably useful only to the Community Crisis Center, where there is a separate phone line for after-hours emergency calls from clients of 10 other helping agencies in our area that are open only during regular business hours; and finally, Request calls coded RF - Request for furniture, Rt - Request for transportation, Rcc - Request for child care, Rcl - Request for clothing, and Rfd - Request for food.

Summary of the call includes identifying information about the client, the presenting problem, any history of emotional or psychiatric disturbance, and the counselor's impression of the client's current state.

Disposition includes action the counselor has advised the client to take, referral to other agencies, and/or making an appointment for the client to come to the Community Crisis Center.

After a counseling call is completed, the counselor transfers the necessary information from the call sheet summary to a white 4x7 index card (see Sample Form on following page) which is placed in the casebook. Each card contains the following information: date, case number, caller's town, crisis code for the problem(s) involved in the case, sex of caller, who the caller was referred by, number of persons involved in the case, and summary disposition of the call as transferred from the call sheet.

These items are self-explanatory with the exception of our crisis code which has two parts: alphabetical categories of crisis, and a colored tag system. Our alphabetical code is as follows:

A - Abortion; B - No Show (appt. not kept); C - Child Abuse or Neglect; D - Drug, Alcohol Problem; E - Elderly; F - Financial; G - Gynecological, women's health; H - Housing; I - Interagency

SAMPLE FORM: CALL SHEET

COMMUNITY CRISIS CENTER, INC.
Call Sheet

Date______

STAFF	ADM CODE	CLIENT CODE	CASE NUMBER	SUMMARY	TITLE XX

SAMPLE FORM: SUMMARY AND DISPOSITION OF CALL

COMMUNITY CRISIS CENTER, INC.
Summary and Disposition of Call

DATE	CASE NUMBER	TOWN	CODE	SEX	REFERRED BY	NUMBER PERSONS

Summary and Disposition of the Call:

Staff Initials

call; J - Child Care; K - Family Problem; L - Legal Problem; M - Marital Relationship; N - Man abuse; O - Medical Problem; P - Problem Pregnancy; Q - Triage; R - Rape; S - Teenager; T - No Talk; U - Made Appointment; V - VD; W - Woman Abuse; X - Runaway; Y - Psychiatric; Z - Suicide.

This code listed on the casebook card for every case is extremely helpful in the gathering of our monthly statistics on types of crises we've handled. Note that most cases will have more than one alphabetical code letter.

Our colored tag system consists of five different colored 3/4" diameter round tags that are attached to the tops of cards in the casebook to denote specific situations or types of cases. They are placed on the top of the card so that when the cards are later placed in file cabinets the colors can be easily seen and cases can be pulled at a glance. These tags indicate: Domestic Violence (light blue); Rape (navy blue); Suicide (green); Chronic Caller (orange); Shelter Resident (red).

A red rectangular tag is also used to indicate a shelter resident on the cards in the Client Rolodex shown below.

SAMPLE FORM: CLIENT ROLODEX FILE CARD

CLIENT NAME:

CASE NUMBER:

DATE:

When a woman and her children come to the Center in need of shelter, she participates in an Intake Interview with the Counselor. Many forms are used in this process.

The first of these forms is the INTAKE SHEET shown on the following page. The woman and her counselor discuss and fill out this form, and the woman then signs the shelter agreement.

SAMPLE FORM: INTAKE

COMMUNITY CRISIS CENTER, INC.

Intake Form

Case number ________ Date in ________________ Staff ____________

Date to leave __________ Extended _________ Until _____By_______

Name ____________________________ SS# ____________ DOB________

Current Address ______________________ City__________ Cty______

Phone _______________ Referred by ______________ Funded by_____

Other Agencies ____

Husband ___________________________ Age_____ Phone___________

Address ___________________________ Employed by _______________

Situation:

Contingencies of shelter agreement:

_____ Information Release ____________________

_____ Crossroads Appt. ____________ ____________________

_____ Well-Child Appt. ____________ ____________________

_____ Kids in School ____________________

__________________________________ ____________________

I have read the house rules and agree to abide by them. I agree to fulfill the above contingencies of my stay here.

____

CHECKOUT:

Date out __________________ Staff ______________________________

New Address____

Phone ____________________ Billed _______ to_________ for ______
(Date)

# of shelter nights _______ for ______ people. Total _______

SAMPLE FORM: INFORMATION RELEASE

COMMUNITY CRISIS CENTER, INC.

Information Release

Date ____________

I ____ give my

permission to ______________ (staff person)

______________ (staff person)

______________ (Other administrative staff)

to exchange information, and/or give testimony to ______________

____

REGARDING: 1. ____

2. ____

3. ____

4. ____

5. ____

This release of information will expire on ____________________
(Date)

and a new release will be necessary for any exchange of infor- after this point.

____
(Signature of Client)

____
(Signature of Staff Witness)

This form must be filled out in duplicate for each agency involved. One copy is kept in our files, and the second is mailed to the agency indicated.

This signed form gives the Center permission to exchange information on this client with other agencies having an open case on her/him.

SAMPLE FORM: INTAKE CHECKLIST

COMMUNITY CRISIS CENTER, INC.

Intake Checklist

Client ______________________ Case #______ Staff__________

INTAKE

______Top of intake form: phone number, last address, DOB, SS#, etc.
______Info on children: ages, birthdates, school, immunizations
______Info on husband: age, place of residence, place of work
______Contingencies: Crossroads, Well-Child, kids in school, etc.
______Case number
______Info release forms in duplicate, one copy ready to mail out
______Note "In" date on card in casebook: red tag indicating shelter
______Rolodex: by first name, kids, DOB's case number, date in, other agencies
______Stats in front of casebook
______Room indicated on chart by counselor's desk
______Meds and valuables in safe: note on intake form
______Make Title XX folder
______Fill out IL 76
______Client signature on IL 76
______Fill out client service log
______Begin process notes: pg. 1 and pg. 2
______Fill out CCC Service Plan

HOUSE RULES

______Read over point by point
______Reiterate that babysitting must be cleared by staff
______Dinner: be here, no interruptions, take phone messages
______Sign-out procedure. Failure to call if not back on time is breach of house rules. May be asked to leave.
______House meetings from time to time, everyone expected there
______Any conflict, ask counselor to mediate
______Daily session with counselor to check progress on contingencies
______Discuss and obtain signature on "Drug and alcohol" statement

EXTRA SERVICES

______Hair dryer, alarm clocks, curling iron
______Towels and sheets; leave in office when checking out
______We will take messages for jobs and houses
______Rides may be possible if we have advance notice; bus schedule
______Washer and dryer
______Personal hygiene items
______Special diet? Medication? (Who's the doctor?)

This form enables the counselor to see at a glance if all pertinent information on staying at the CCC has been communicated to the client. This includes a reiteration of House Rules and an explanation of our Extra Services.

SAMPLE FORM: MEDICAL EMERGENCY RELEASE FORM

COMMUNITY CRISIS CENTER, INC.

Medical Emergency Release Form

____________________________________ give my permission to
(Parent or Guardian)

a representative of the Community Crisis Center, in my absence, to take the responsibility for providing emergency medical treatment of my daughter/son.

____________________________________ ________________
(Name) (Birth Date)

________________ ____________________________________
(Date) (Signature)

____
(Witness)

Any allergies, dates of last shots, other medical information.

____

____

____

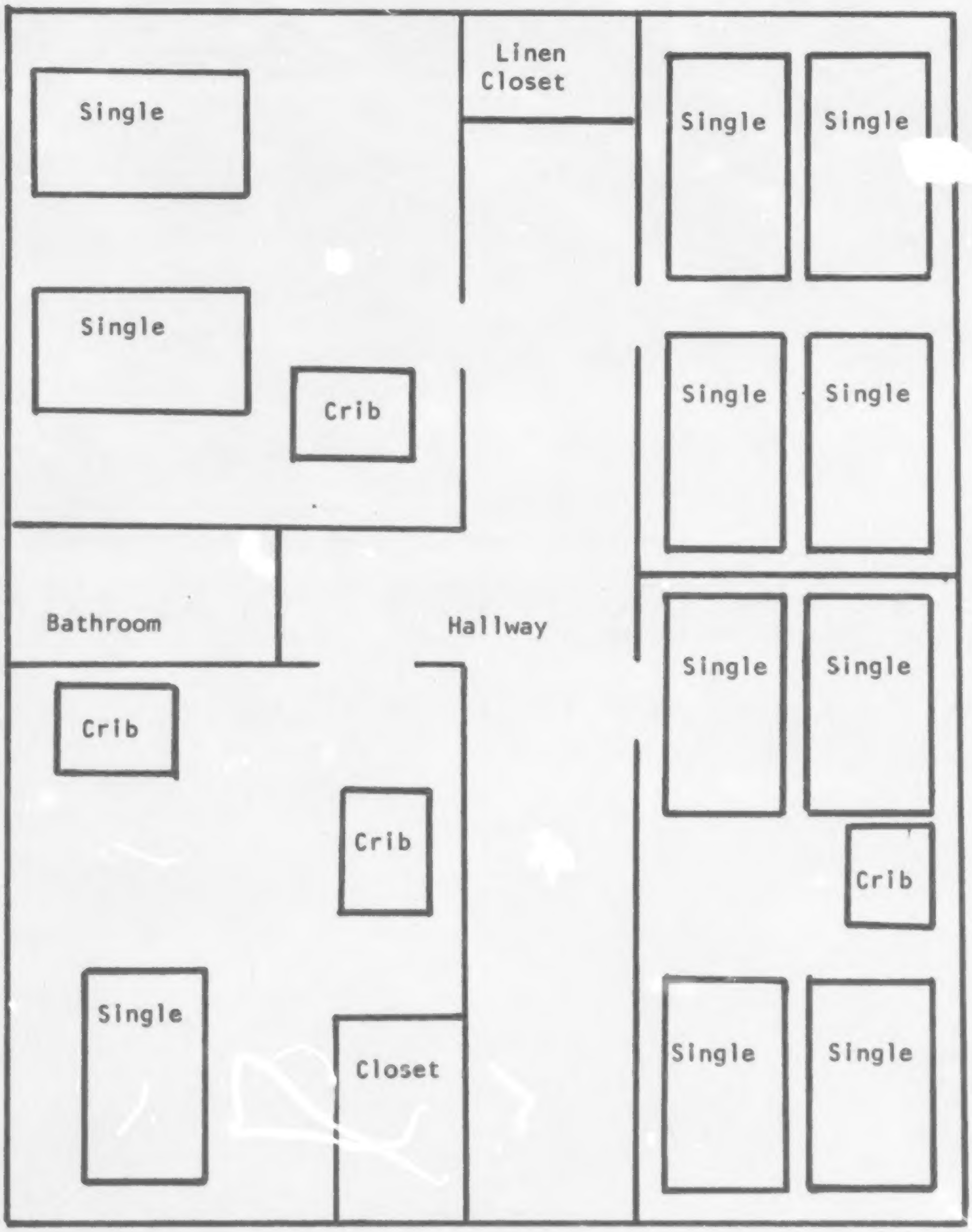
____

This form must be signed by all mothers who come here for shelter with their children. In the event that there is a medical emergency with one of her children at the CCC while the mother is out of the house, the CCC is then authorized to take responsibility for providing the necessary medical treatment in her absence.

SAMPLE FORM: ROOM CHART

COMMUNITY CRISIS CENTER, INC.

Room Chart.



SAMPLE FORM: SIGN OUT SHEET

COMMUNITY CRISIS CENTER, INC.

Sign Out Sheet

DATE	NAME	GOING TO	PHONE #	TIME RETURNING	CARE OF CHILDREN	STAFF OKAY

Clients must fill out the SIGNOUT SHEET whenever they leave the CCC to go out on errands, appointments, etc. The client writes down where she is going, what time she'll return, and who will watch her children if they're not going with her. This must be initialed by the counselor on duty. These sheets are kept on a clipboard by the door. They are very helpful in determining where clients are at shift changes and hectic periods.

SAMPLE FORM: SERVICE PLAN

COMMUNITY CRISIS CENTER, INC.

Service Plan

Case # ______________

Staff ______________

Date ______________

Name ________________________________ Intake Date ______________

Problem Area	Objectives	Previous Help Sought	Plan of Action

____
(Client Signature)

____
(Staff Signature)

Problem Area Code

1. Housing
2. Physical Health
3. Mental Health
4. Legal
5. Financial
6. Employment
7. Education/training
8. Other(specify)

SAMPLE FORM: CHECKOUT SHEET

COMMUNITY CRISIS CENTER, INC.

Checkout Sheet

Questionnaire

We ask you now, as you are leaving the Crisis Center, to think about why you came here, and what you have accomplished during your stay.

1. What was the reason you came here?
2. Before you came, what did you think this place was like?
3. Do you think that your problem has been solved while you were here?
4. What will your life be like in a year?
5. What would you change about the way the CCC works, in these areas?
   a. The contract you make when you come in
   b. The way the staff treated you (counselors, advocates, others)
   c. The House Rules
   d. Household cleaning, cooking, etc.
6. Do you feel that you have changed while you were here?
7. Do you feel that your kids have changed while they were here? How?
8. What is the most important thing you learned or have done?
9. What does the Crisis Center need or should they add?
10. What did you like best?
11. What didn't you like?
12. Would you recommend it to a friend who had a problem?
13. What are your future plans? What do you need to do now to continue with your goals?

Checklist

__________ Bottom of intake form filled out
__________ Follow up cards given, written in blue book
__________ "Out" date in casebook
__________ "Out" date in rolodex
__________ Stats in front of casebook
__________ Valuables and meds from safe
__________ Sheets and towels turned in
__________ Room clean
__________ Bed sprayed and scrubbed

SAMPLE FORM: OUTTAKE CLIENT EVALUATION OF CCC SERVICES

COMMUNITY CRISIS CENTER, INC.

Outtake Client Evaluation of Services

Case# ____________

Staff ____________

Date ____________

1. Accessibility ____________________

2. Reception ____________________

3. General Attitude of Staff ____________________

4. Counseling ____________________

5. Support Groups ____________________

6. Advocacy ____________________

7. Living Arrangements ____________________

8. House Policies ____________________

9. Services to Children ____________________

10. Experiences with Volunteers ____________________

11. Suggestions/Comments ____________________

SAMPLE FORM: SIX-MONTH FOLLOW-UP

Please circle appropriate response

#____________ Mail on__________

1. Describe how you are doing generally: Fine Fair Not Well
2. Are you now working with another agency? Yes No
   Which one(s)?______________________________
   Are you seeing a counselor? Yes No
   What kind? ______________________________
3. Since leaving the Center have your relationships with family and friends changed? Yes No If yes, how?
   ____
   ____
4. Are you currently employed? Yes No How long?______
5. What has been the most important factor in maintaining your feeling good? The Center Other Counselors Family & Friends My Job I'm not feeling good
6. Would you like us to contact you? Yes No
7. If you want us to contact you and the following information has changed, please let us know the changes.
   Phone____________ Address ______________________

Please remember that we care what happens to you.

COMMUNITY CRISIS CENTER
600 Margaret Place
Elgin, IL 60120

COMMUNITY CRISIS CENTER
600 Margaret Place
Elgin, IL 60120

SAMPLE FORM: SIX-MONTH FOLLOW-UP FORM

COMMUNITY CRISIS CENTER, INC.

Six-Month Follow-Up Form

Case #______________

Staff ______________

Date ______________

NAME ______________________________

ADDRESS ____________________________

PHONE ______________________________

I. PERSONAL GROWTH

Self Esteem ____________________________________

Decision Making Ability ____________________________

Coping/Anxiety Level ______________________________

Independence/Dependence ___________________________

Self-Determined Goals/Follow Through ____________________

II. FAMILY STATUS

Legal ____

Living Arrangements ______________________________

Family Counseling ________________________________

Family Relationships (Attitudes) _____________________

____

III. ECONOMIC STATUS

Employment _____________________________________

Education/Training _______________________________

Public Funding ___________________________________

Housing ____

(over)

SAMPLE FORM: SIX-MONTH FOLLOW-UP (Cont.)

IV. CHILDREN

Attitude Changes ______________________________

Behavioral Changes ______________________________

School Status ______________________________

Children's Services/Activities ______________________________

V. FAMILY VIOLENCE (Relate to Nature of and Frequency)

Adult Relationships ______________________________

Adult/Child Relationship ______________________________

Child/Child Relationship ______________________________

VI. INVOLVEMENT IN SERVICES & ACTIVITIES (Relate to Frequency)

Social Services ______________________________

Rehabilitative Services ______________________________

Community Crisis Center Services ______________________________

Community Activities ______________________________

Community Crisis Center Activities ______________________________

VII. EVALUATION OF OTHER AGENCY SERVICES

Service ____________________ Comments ____________________

____________________ ____________________

____________________ ____________________

____________________ ____________________

____

(Client Signature)

HOUSE RULES

Bringing order out of chaos

House rules come in all sizes and degrees. They reflect the basic philosophy and structure of the shelter in which they are used. They are crucial to the success of any program no matter how informal or formal. They are important in terms of the shelter, but even more for the sake of the resident who will feel more at ease more quickly if she knows exactly what is expected of her. A clear set of rules can relieve even the most awkward of new situations.

In reviewing the house rules of many shelters, we discovered most of them could be categorized as follows:

> Rules dealing with violence.
>
> Rules dealing with the use of drugs, alcohol, weapons.
>
> Rules dealing with housekeeping and meal planning.
>
> Rules dealing with the storage of medications and valuables.
>
> Rules dealing with privacy and confidentiality.
>
> Rules dealing with time: meals, bed, curfew, length of stay, etc.
>
> Rules about visitors and overnight visits away from the shelter.
>
> Rules about the spouse and/or men in general.
>
> Rules about the interaction between staff and resident, resident and resident, etc.
>
> Rules dealing with children, their supervision and discipline.

House rules must always spell out the explicit consequences of a broken rule. Shelters are somewhat flexible with all but their rules of safety and confidentiality because they are anxious to make it as comfortable as possible for residents to stay. Therefore, most shelters issue repeated explanations and/or warnings when a minor rule is broken.

The ultimate consequence is to be asked to leave. It can and will happen. Making sure the infraction did occur, exploring other shelter options, and acting quickly and decisively should be the staff procedure. No matter how well such a situation is handled, there will probably be an impact on the remaining residents -- a good time for an intense and honest house meeting.

It is wise to have the resident sign the house rules signifying her understanding of them and her willingness to comply. Also, to plan a separate session with the children for making clear to them the rules which apply specifically to them. Children welcome structure particularly in a new situation.

As the last paragraph of the Community Crisis Center house rules states:

> "You are asked to live here by these rules. If you break a rule you may be asked to leave. We appreciate your cooperation which will make it easier for us to work together on solutions to your crisis situation. If you need anything, please let us know. You are here to work on your problem; we are here to help."

MIDDLE CLASS VALUES & THE HOUSE RULES

The most often voiced concern of those people responsible for actually writing down a shelter's house rules is that they will appear too "middle class" -- that the nature of the rules will make the shelter appear to be making value judgements about a wide variety of different standards and life styles. This is a legitimate concern. For many of your families this is indeed a different life style -- the only time in their lives in which they have lived without violence or the threat of violence. They find themselves in a home-like atmosphere, but not the home environment. The structure becomes a comment on how a shelter program operates rather than on the "correct" life style. Besides, the structure will allow them to accomplish more, relax more, and allow the shelter to function more effectively.

Many of the moms have never enforced bedtime for their children. So they do not have, and have never had, any evening, adult time for themselves. In order for the shelter to provide counseling services and/or support groups such adult time is necessary. Bedtimes are set down by the house rules and enforced by the moms.

The rule(s) is not a comment on their life style, merely a different point of view, an alternative. The ultimate decision upon leaving the shelter is the woman's. As always, she is free to decide the way in which to structure the home she provides for her and her children.

The following rules are the House Rules of Safe House, Ann Arbor Michigan:

NO VIOLENCE

NO alcohol or drugs

No long distance phone calls are allowed. Only emergency phone calls are allowed. We have only one phone. If you need to make a personal call we ask you to use the pay phone at the gas station next door.

Everyone must sign in and out and return by 7 p.m.

Breakfasts (7:30 to 8:30) and lunches (12 noon to 1 p.m.) are individual mother's responsibility. Menus are posted in the kitchen.

Dinners (6:00 to 7:00) are prepared with the help of the House Mother. Menus are posted.

Clean-up must be shared by all on a rotating basis which is planned.

House meetings will take place whenever necessary and can be called by anyone who wants to talk with everyone. A minimum of 3 nightly meetings are held on Monday, Tuesday, and Thursday nights from 8:30 to 9:30.

Quiet time [illegible] 10 p.m. to 7 a.m.

Children are not allowed in the office.

Mothers are responsible for the care and feeding of their children, at all times.

We encourage cleanliness. Please pick up after children; house must be swept daily, bathrooms cleaned, etc.

When you leave you need to strip you beds and be formally discharged, this is, sign out.

While you are here you are responsible for washing your towels, sheets, and clothing.

30 days is the maximum stay; women are expected to find new housing within 15 days or as soon as possible.

Guest must sign Release of Liability forms and Agreement to Repay.

Look at your house rules carefully. Do not hesitate to change them, delete from or add to them. If they are never-changing, you are not giving them enough thought.

The Community Crisis Center began with a blank sheet of paper it titled "House Rules". Each rule was written as the need became apparent. The rules came after the fact until the staff had enough sensitivity and experience to anticipate needs and/or changes.

COMMUNITY CRISIS CENTER HOUSE RULES

NO violence of any kind in the house.
No men on second floor. No weapons in the house.
No smoking, lit candles, or food on the second floor.
No drunkenness in the house.
No alcoholic beverages in the house.
No drugs, other than special medicine which must be kept in the safe.
You must be fully dressed to come downstairs after 9 a.m.
Non-residents are not allowed in the house before 9 a.m.
No borrowing cigarettes, money or food from staff, clients, volunteers.
Do not enter any bedroom other than the one in which you sleep. Respect other's privacy and property. Put money and valuables in the safe.
Common courtesy is expected in manners and behavior. General quite is expected after 8 p.m.
Notify staff when you plan to go out and when you will return. Sign-out sheet must be filled out by you and initialed by staff before you leave.
Doors are locked at 11:00 p.m. You must be in by 10:30 p.m.
Bedtime . . . Adults 11:00 p.m. Children 8:00 p.m.
Overnight visits are not allowed.
Observe household procedure regarding cleaning and meals.
Mothers are responsible for their children at all times, unless prior approval for babysitting is cleared with staff. No one else may discipline a child without parent's consent. Children are not allowed to play on stairs or upstairs.
The pay phones must be used for all personal calls . . . It will not be answered by staff. Office phones may be used for calls about jobs and housing, for which we will take messages. Permission must be given by staff each time you use the office phone.
Your presence is expected at dinner each night.
You are expected to be using your time and money wisely. You cannot afford to waste either one.
An individual session with a counselor is required each day to consult on your progress and work on solutions.

HOUSEKEEPING

The nitty gritty of shelter management

When you bring together 10 - 15 people from various backgrounds and environments in the same household, you can anticipate housekeeping problems. Add to that the fact that you could be sheltering 300 to 500 people each year -- people in crisis -- and you may expect even greater problems.

However, it is wrong to assume that people in crisis can't or won't want to contribute to the general maintenance of the facility. This point is made by the early experience of the Community Crisis Center:

When the Center began to provide services, the staff and board assumed residents would need and want plenty of relaxation time. Carrying this to the extreme, volunteers were asked to do most of the cleaning, cooking, laundry, and general maintenance. For a time, this plan seemed to be working. Slowly came the realization that there was a faster-than-expected turnover in volunteers and some growing resentment between volunteers and residents. Perhaps, to some extent, this is the same resentment that can occur in any household in which the people who "mess up" are not the same people who are responsible for clean-up.

Just as the situation was getting serious, the problem was brought to the attention of the staff by a resident: "Why don't you let me clean? Don't you think I can do it good enough?"

Staff quickly called together current residents, former residents, and volunteers. They sought a new perspective, new attitudes, and different expectations. Out of that meeting came the awareness that residents often felt left out; often felt they had been denied the opportunity to contribute. Further, many said they would find the everyday "nitty gritty" of housework relaxing, even therapeutic. The policy needed to be changed from one that made residents feel dependent and helpless, to one that made them feel capable and a part of the total program.

Changes were made immediately. The staff began to expect the help of residents and to give support and "strokes" for any contribution or suggestion. Upon intake or shortly thereafter, expectations are clearly communicated. Many shelters have such expectations/ rules. The most common are:

The nitty gritty

- ✓ Each resident is responsible for her own belongings and those of her children.
- ✓ Each resident is responsible for maintaining her family's sleeping area in a clean and orderly fashion.
- ✓ Each resident is responsible for contributing to the maintenance of the common rooms.
- ✓ Each resident is expected to contribute daily to meal planning, preparation, service, and clean-up.

Enforcement and enactment of these rules vary from shelter to shelter. One of the most complete chore plans is the one used by Safe House in Ann Arbor, Michigan. The chart appears on the following page.

Other rules such as limiting food and beverages to the kitchen or dining area, requiring everyone to rinse cups and glasses and stack them in the dishwasher, etc., can help keep chores and accidents to a minimum.

If the budget will permit, a part-time housekeeper can be an asset to the program without taking over the responsibilities that should be those of the resident.

The housekeeper at the Community Crisis Center works 20 hours each week and does the meal planning, prepares the shopping list, does the house laundry, and the heavy cleaning. All residents are asked for their menu and recipe suggestions, expected to add to the shopping list as necessary, launder their own linens, and assume responsibility for extra cleaning projects as time will allow.

The housekeeper position was originally part of a CETA Public Service Employment project. After one year the Center was able to hire in accordance with the PSE contract. When resident population is low, the housekeeper will thoroughly clean all rooms and storage areas. Each day she will prepare some portion of the evening meal with residents "filling in the blanks".

Our housekeeper, Betty, has become a mother to residents and staff alike. We all look forward to her "goodies" and are frequently amazed at the baking successes she is able to prepare even when we are temporarily out of eggs and milk.

If a separate housekeeper position is out of the question, meal planning and supervision of the household should be duties included in the job description of one staff person.

This Cleaning Chart is used by the residents at SAFE House in Ann Arbor Michigan. If more than 7 women live at the shelter at any one time, the duties as assigned to #1, #2, #3 etc. are divided and two women are given #1, #2, etc.

Cleaning Duties Chart

Job — **Description**

"A"
9:00 a.m.
Mid-morning clean-up

1. All dishes washed, dried and stored in their proper places.
2. All counter tops cleaned; table tops cleaned.
3. Kitchen and dining floors cleaned.
4. Waste baskets emptied and cleaned.

"B"
2:00 p.m.
Mid-afternoon clean-up
(Same as described in Job "A")

"C"
4:00 p.m.
Pick up and vacum downstairs

1. All toys put in their proper places.
2. Books arranged in neat order.
3. All furniture dusted; ashtrays cleaned.
4. Hall area and living-room vacumed.

"D"
5:00 p.m.
Evening meal preparation

1. Prepare planned menu.
2. Set table
3. Clean and organize cooking utensils.

"E"
7:30 p.m.
Evening meal clean-up

1. All dishes washed, dried, and stored in their proper places.
2. Table and counter tops cleaned.
3. Kitchen and pantry floors cleaned, mopped (daily); dining area vacuumed.
4. Empty waste baskets.

"F"
10:00 a.m.
Bathroom clean-up

1. Clean and disinfect entire bathroom; replace soap and towels.
2. Empty waste containers; clean walls
3. Vacuum carpeted area.
4. Check bathroom periodically for cleanliness and supplies.

"G"
8:00 p.m.
Basement clean-up

1. Wash, fold, and store linen in its proper place.
2. Clean washer parts.
3. Empty trash containers; tidy entire area.
4. Call adults to house meeting (9:00 p.m.)
5. Record minutes of house meeting.

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Guest Name
1.	A	B	C	D	E	F	G	
2.	B	C	D	E	F	G	A	
3.	C	D	E	F	G	A	B	
4.	D	E	F	G	A	B	C	
5.	E	F	G	A	B	C	D	
6.	F	G	A	B	C	D	E	
7.	G	A	B	C	D	E	F	

MEAL PLANNING

Try to find a volunteer or attract an intern with a home economics/nutrition background to plan a month of menus, taking into consideration the budget and the fact that the number of residents will vary from day to day. Alternate plans need to be available for those times when the numbers suddenly soar from three to thirteen.

Student nurses, particularly those interested in public health, may be interested in such a nutrition project. Also, request information from your state university, state farm bureau, and the state or county extension service.

When planning meals, do not rely on convenience foods or packaged mixes. These items are too expensive and usually full of sugar and artificial additives. People in crisis do not need large amounts of either to add to possible mood swings.

At the Community Crisis Center, the evening menu is the only pre-planned meal. Breakfast and lunch are usually left up to the residents. Residents are busy during the day so it is difficult for everyone to sit down together until the evening meal.

Breakfast is usually cold or hot cereal, occasionally eggs, and rarely bacon. Sometimes moms will fix pancakes or french toast. In that instance, two or more are encouraged to do so together.

Lunch, being another individual project, usually features left-overs or sandwiches. When there are many residents, particularly children, staying at the Center, the housekeeper will organize the preparation of sandwiches, soup, etc.

At the Center, clean-up after breakfast and lunch is the responsibility of the individual, and not part of the regular chore assignments.

The Crisis Center does not purchase snack foods. Occasionally, such foods will be donated, and of course it is not turned down. Preferred snacks include popcorn, raw vegetables, fruit (in season), cheese or peanut butter (both government commodities) on crackers.

A Sample Meal Plan is shown on the following page. New residents are asked about food allergies and preferences. They are encouraged to make menu suggestions and to assume responsibility for the preparation of the meals. They are particularly encouraged to share ethnic dishes.

SAMPLE MENU

SUNDAY	Pot Roast Oven Browned Potatoes Green Bean Casserole Cherry Jell-o with Fruit Cocktail
MONDAY	Tacos - meat filling, lettuce, cheese Fruit Compote Oatmeal Cookies
TUESDAY	Chop Suey (using left over pot roast) Brown Rice Brownies
WEDNESDAY	Chili Macaroni Green Salad Bananna Bread
THURSDAY	Ham Slices Scalloped Potatoes Peas Fruit Salad
FRIDAY	Hot Dogs Baked Beans Green Salad Cookies/Pudding
SATURDAY	Pizza Party Green Salad with Vinegar & Oil Dressing Chocolate Cake

SHOPPING

Shopping should be the responsibility of one person who also does the meal planning or who can work well with the planner on a long-term basis. It could be a paid staff position, but more likely it will be done by a volunteer. Perhaps a team of two or three could assume the responsibility -- even a small club. Retired school teachers, church circles, etc., may be interested, even a scout troop. The total commitment should be one of at least 3 to 5 hours weekly for, hopefully, a six-month period. Any less will lead to confusion and overlooked bargains. The shopper does make a difference. Dores, the volunteer shopper for the Community Crisis Center for four and one-half years, has had an important impact on this very important part of the program. Because of her perseverence, ingenuity, and her commitment, the household budget, including all paper products, cleaning supplies, and much miscellaneous, has never exceeded $400.00 per month. It is usually closer to $300.00.

BE A SCROUNGER

All those things you have learned to do in order to stretch your personal shopping dollar, can be applied to shopping for the shelter. However, because of the numbers involved everything must be done on a larger scale.

Check into government commodities. They are usually dispersed through your state department of education or agriculture, and are easy to obtain. A notarized letter explaining your services, a few forms, your tax-exempt/not-for-profit status, and you should be receiving commodities.

Commodities can include dry milk, macaroni, beans, flour, peanut butter, cheese, butter, maple syrup, rice, etc. Adequate storage may be a problem as the amounts are large -- 50 lbs. of beans, 30 lbs. of cheese and butter, etc. Suggestion: plastic garbage cans with locking lids make excellent dry storage for rice, beans, etc. The cans come in various sizes and can be lined with plastic garbage bags for quick clean-up.

Clip coupons, organize them, and use them. Solicit left-over coupons from the coupon clippers in your community, or swap your dog food coupons for their shampoo coupons. Often retired people are experts -- they have to be. Also, collect those 25¢ or more refund coupons and make sure to keep the necessary proof of purchase, labels, etc. for mailing.

Shop the specials. Try to allow enough in each month's food allowance to take advantage of quantity buying.

Contact all food chains, fast-food franchises, and local restaurants. Ask for free coupons, leftovers, whatever. What happens to the left-over donuts in a franchise that advertises fresh donuts every four hours?

Let the word out in the community that you are willing and able to pick up and use up their leftovers from meetings, pot luck dinners, company picnics, etc. What you can't use immediately, can be frozen for later. Everyone enjoys a night off from cooking; it's important to plan an occasional one for your residents.

Plant a garden. No matter where you are, try to grow something. Anything from a half-acre plot to a kitchen herb garden can be economical, but more importantly therapeutic. Nurturing and producing can help create a sense of community and responsibility. Planning a garden can be a volunteer project for residents in combination with local garden clubs and frustrated apartment dwellers. Don't forget the flowers -- can't eat them, but they can be food for the soul!

Many apartment complexes, forest preserves, parks, etc., have large areas where people can rent or just use garden space for an entire season. If you can, plan and tend such a plot. Lacking sufficient help, ask each person with a plot to plant one tomato or pepper, or whatever, for the Center. When you are tending an entire garden, the fruit of one plant isn't much to share. Be prepared to receive "tons" of zucchini and other types of squash. The yields always seem to surprise gardeners -- but that is to your advantage.

Make friends with other agencies, particularly better known, large residential facilities. Often they purchase all their food in bulk and therefore have meals planned for months in advance. They are less likely to welcome unexpected donations. If they know what you need and want, they will usually be happy to refer would-be donors to you.

Speaking of bulk-buying, consider such a step very carefully. Your storage area needs to be quite large and dependable, and your cash flow adequate to allow for a large expenditure followed by several smaller ones. The advantages of a shopping service are obvious. They will deliver and the expense is rather predictable. At the least consider bulk-purchase of cleaning supplies, particularly laundry detergent, etc.

PRECAUTIONS

Managing a shelter is a constant battle between maintaining a home-like atmosphere and the institutional necessities dictated by a concern for health and safety. Most difficult is the matter of disease prevention. Given the appropriate set of circumstances, serious disease can spread quickly to residents and staff alike.

The following are some precautions that can be taken without upsetting the homey atmosphere you will be striving for:

- Wash all dishes in the dishwasher, even coffe cups, single plates, etc. The dishwasher should always be set at the hottest possible setting. If you do not have a dishwasher, add bleach to the rinse water, washing dishes first in soapy water, then letting them soak in the bleach water. Then rinse thoroughly in the hottest water possible. This procedure seems like a lot of trouble. Much less trouble, however, than a house full of strep throat and flu.

- Use only foam pillows for sanitary purposes. If feather pillows are donated they can usually be sold for a good price at a garage sale. Foam pillows are necessary for those residents who have allergies.

- Invest in plastic mattress and pillow covers. This will cut down on the spread of infection as they are easily disinfected, protect the bedding from bed-wetters, and generally help the bedding to last longer. Plastic covers are easy to obtain through catalog stores or discount houses. They may seem expensive even when on sale, but they will last a long time.

- When washing house laundry, particularly linens, bleach should be added to the water as a matter of course. Upon leaving, each resident should be required to not only wash their linens, but also to scrub down the plastic covers with bleach water and spray with disinfectant.

UNINVITED GUESTS

Before leaving the subject of housekeeping, it is important to consider the many pest problems you may encounter. If you are able, include a regular spraying plan by an exterminator each month. They will spray against cockroaches, silver fish, ants, waterbugs, etc., for about $20 to $50 per month depending on your location and the size of your facility. At the least, consider a twice or three times per year spraying supplemented by regular weekly treatments with a household spray.

Don't wait until you see "them" to begin such a program. Assume you will have these "uninvited" guests eventually and invest in prevention. It is usually cheaper. Providing storage for extra, boxed or bagged belongings of residents away from the house, and using open storage areas as opposed to drawers in the sleeping areas will also cut down on your pest problems.

VOLUNTEERS

Home is where the heart is

Most existing shelters had their grass roots beginnings due to the hard work and concern of community volunteers. Volunteers can remain a vital part of the shelter program if their service is evaluated and updated along with the growth of the shelter program. This chapter will deal specifically with a volunteer program in a shelter setting which has a hired professional staff as opposed to a totally volunteer staff. This model views volunteers in a support role with ultimate responsibility for client service assumed by the paid staff. This does not minimize the valuable service provided and program ideas developed by the volunteer staff. A wide variety of people -- men and women, old and young -- with varying skills can be valuable to an agency program.

A primary consideration in the success of a volunteer program is the support for the program by the paid staff. This can be accomplished by involving the staff in volunteer training, program ideas, and the evaluation process. A sense of cooperation and respect between the volunteer and professional staff is essential.

To develop a statement of philosophy on volunteers and volunteerism such as the following may be helpful:

> The Community Crisis Center wishes to create a supportive environment where people can more fully realize their worth as human beings and take control of their own lives. Volunteers who wish to be involved in this process directly or indirectly are welcome. We are committed to the idea of meeting the volunteer needs along with the needs of the Center. Training and/or orientation are required to familiarize the volunteer with the Center and its services. On-going staff support is available to help fulfill the volunteer's commitment agreement.

JOB DESCRIPTIONS

Although some people work best with definite responsibilities assigned, others are able to give better service when they understand the total program (through training) and identify ways to fit in. Even with defined job descriptions, there must be flexibility for the volunteer to use his/her own creativity, i.e., if a volunteer is tabulating a survey she/he might be encouraged to determine what form this would take.

Examples of volunteer roles might include child care worker, transportation provider, support service person, meal planner/inventory, office help, committee member, guest speaker, tutor, fund raiser, clothing organizer, letter writer, graphic designer, support group leader, remodeler or repair person. This is only a partial list of possibilities. Your own list should be varied to include opportunities for direct and indirect services, short and long term projects.

IMPLEMENTING THE VOLUNTEER PROGRAM

→ RECRUITMENT: Some effective ways to identify potential volunteers are:

- newspaper articles
- speaking for community groups
- personal contacts
- posters/church bulletins
- radio spots

Have a volunteer program and the volunteers will spread the word!

→ APPLICATION/INTERVIEW: A prepared application form should reflect information you think relates to service in your program (i.e., knowledge of a foreign language, access to car, time available, previous volunteer experience, skills and interests) in addition to the usual name and address information. Everyone who expresses initial interest in your program will not follow through. Some only want more information and will recognize it's not the place for them. Be honest in describing your program and services, the daily activities, and the nature of your clients so volunteers can make a free choice. Some will use this avenue to secure the services of your agency for themselves or a friend. Be sensitive to the fact that some cannot ask for assistance directly -- they may be referred to a counselor if this seems appropriate. Use the interview to gain some knowledge of the applicant's motivation to volunteer, view of "helping" people, general appearance, personality traits, areas of interest, skills, and education.

→ TRAINING SESSIONS: Initial training is important for volunteers in all capacities. Understanding the agency and how one fits in helps the volunteer and the agency alike. Numbers of sessions (2 - 6) is arbitrary, but a minimum of 6 hours total is suggested. Two areas that seem vital to include are orientation and skill development.

ORIENTATION

Orientation should cover the history, services, environment (including tour of the shelter), policies, procedures, staff introduction, and discussion of their responsibilities. It should be pointed out that a place has been set aside for volunteers to leave and receive messages, leave personal items, record hours of service provided, and have access to supplies needed for projects.

Skill development is necessary to give the volunteer tools for handling the daily interactions with staff, clients and other volunteers and to further define their role as a volunteer. Components of skill development are:

SKILLS

Discussing the person in crisis -- behaviors observed and personal responses

Practicing active listening skills

Discussing attitude adjustment with emphasis on being non-judgemental, helpful, sharing and flexible

Discussion of support role as opposed to counselor role

Working through some "What if . . . " situations based on typical cases

→ SCHEDULING/RECORD KEEPING: A large calendar can be used to show when volunteers will be on duty. It should be their responsibility to update this with accurate times. As many financial grants require information on number of volunteer hours provided to the agency, it is important to keep an accurate record. A "log" should be provided for volunteers to enter a brief description of their service, time, and additional remarks.

Home is where the heart is

→RECOGNITION can be provided in a variety of ways. The hope is to create an environment of formal and informal recognition so the volunteer has the feeling of being important to your program. It may come as a hug from a small child at bedtime, a simple smile and "thanks", a recognition of their "good idea", or an invitation to a recognition dinner. It isn't always necessary to give numbers of hours one has put in but point out that all have made a contribution based on their situation at the time.

An optional monthly meeting can provide informal recognition, a time for sharing experiences, and developing new ideas. Volunteers enjoy and learn from what others are doing.

This information has not been written in detail for a purpose. There are excellent resources available to fill in the blanks. Voluntary Action Centers within your area provide excellent materials related to interviewing, recruitment, recognition, supervision, training and a variety of topics that deal with the broad area of volunteers and volunteer coordination. They have excellent replicable application forms and other record-keeping materials to share. Contact the ACTION agency in your area to learn more. Another helpful resource is The Effective Coordination of Volunteers, by Lorrain Lafata published by the Domestic Violence Project, Inc., of Ann Arbor, Michigan.

THE CHILDREN

Hurt, helpless ... the brightest hope for the future

You will always remember the first one -- the first child to stare at you with "old-soldier" eyes. The one that was beyond "acting out" and on the way to apathy. Or perhaps you will remember the three year old boy who was allowed, even encouraged to "discipline" his sisters and his mother -- the child who could only "hit" when he wanted attention, "hit" when he was happy and when he was angry. His emotions seemed unrelated to his actions -- except he had learned that "hitting works".

Some of the children will themselves be victims of abuse, others have "only" witnessed the victimization of others (probably mom). Either way, the effects are similar and the result almost always the same. Usually these children will choose to live in violent situations as adults. So the vicious cycle continues with violence becoming a family tradition passed down from generation to generation.

For those children staying at the shelter, this may be the only time in their lives in which they are able to live without violence. For some, the calm and caring atmosphere will be a welcome relief. Strangely enough, all of them may not welcome the change. This is because many of them have learned to equate love and violence, at the shelter no one will care enough to hit them. Also, change is difficult for everyone, especially children coming from an unstable environment, who seem to cling to any shred of routine and structure. After all, a known fear is less frightening than the fear of the unknown. These children have had lots of time and opportunity to develop ways of coping with their "known" fears. Living without those fears, and/or coping mechanism can be unsettling. What can be done for these children within your shelter program to minimize the disruption of lives, offer physical, mental and emotional support, and work toward breaking the cycle of violence?

SOME SUGGESTIONS

- Make a strong statement for non-violence. Allow no violence -- even in the name of discipline. That means NO violent behavior

VIOLENCE IS NOT ACCEPTABLE

allowed between parent and child, sibling and sibling, or child and child. VIOLENCE IS NOT ACCEPTABLE. It is important, at the same time, to help the parent learn new methods of discipline rather than giving up on discipline completely. It is also crucial for the child to learn that he/she msut ask for what is needed or wanted, and to learn to deal with anger without inflicting pain on others. Be careful not to outlaw anger. Anger can serve a very real purpose, and your concern must only be inappropriate behavior reactions to anger.

The Community Crisis Center has found it helpful to always deal with violent behavior in a calm, concerned manner. In the situation of a child hitting another child, mom or a staff person would quietly intervene by gently restraining the perpetrator, and say, "We don't hit here. What did you want Sally to do? Why are you angry?" The goal is verbalization of the anxiety, frustration, or anger with the promise that something can and will be done about it. Often the child is shocked by the calm non-violent response to his/her violent behavior. They are often not ready to talk about the incident and/or their feelings right away. You must be patient and wait for an opportunity to discuss those feelings, thoughts, plans, etc. Verbalization and learning to cope are difficult tasks and take a long time. Usually, the shelter experience is only the beginning.

Some children may have to be simply removed from the situation, given a chance to cool down, and given NO reinforcement for the violent behavior. There is the danger of giving too much attention to the violent behavior, even negative attention. Many children will not or cannot differentiate between negative and positive attention, but rather learn that a particular behavior results in attention. In such cases it is necessary to ignore as much as possible the unacceptable behavior, and to acknowledge only the acceptable behavior.

Obviously, these plans must be adopted by mom and the entire staff in order to be successful. Everyone, however, must be aware of the effectiveness or lack of effectiveness of any particular plan, and be open to new ideas and ready to change directions.

- Arrange for a one-on-one relationship between a child and a volunteer whenever possible. Selection of the volunteer should be done very carefully out of a concern for the child's needs and the volunteer's commitment. It is sometimes important for that volunteer to be a male who is selected to serve as a non-violent role model. Regardless of the particular situation, it is important for each child to find a stable relationship within the crisis situation. Finding that can make all the difference.

- Provide education within a regular school system if at all possible. It is sometimes possible with the help of a transportation volunteer and in cases where the father is not going to attempt to take the children, to keep the children in their own school. Where this is not possible, and it is also uncertain when mom will choose to relocate, consider entering the child into the school closest to the shelter using the shelter address. In some cases neither alternative will be feasible. In that case, the shelter must provide an on-site classroom or tutoring situation. If the space and the staff are available even on a part-time basis, a learning center/library room can be an appropriate setting when a classroom/study setting is indicated. Often retired or substitute teachers are willing to serve as volunteers and, in at least one instance, the local school system was willing to supply a teacher to the shelter facility.

Basically the shelter's position should be one of communicating with the child directly, assessing his/her needs apart from those of the mother and/or the family, and seeing to it that those needs are addressed. It is important to let the child know that the world can be a caring, welcoming place -- that some adults care for others just because they are human beings.

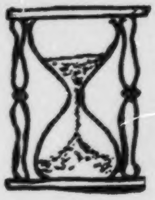
The more you work with the children, the more you will be convinced that the actual victim of domestic violence is not the only victim -- witnesses can be victims too.

THE FUTURE

Where do go from here

We (shelters) are all working toward our own demise. If we are really successful, our size will diminish due to increased community awareness and response. Unfortunately, there is much work to be done between that time and this.

To facilitate our efficient and effective growth we need to:



Develop and maintain a nation-wide network of communication among shelters, groups working toward shelters, related service-providers, elected officials, etc. We need to talk to one another -- sharing expertise.

Develop a research tool to help define the problem and begin to explore and document possible treatment plans. We need to know who we are serving and the best ways to provide that service.

Record and document services and service statistics nation-wide. Formulate standardized data collection for the purpose of comparison and direction. Begin to draw conclusions about the relationship between population, area, location and the necessary number of shelter facilities. We need to know how many people in how wide an area can be adequately served by a single shelter facility.

Develop and provide well-planned children's programming. If we are to be able to "break the cycle of violence", the children must be our focus.

Develop and provide programming/treatment for batterers.

Continue to encourage community awareness particularly on the part of the "gate-keepers" -- teachers, lawyers, caseworkers, clergy, etc.

Work toward appropriate community responses -- legally, socially, economically -- particularly for women.

Where do we go from here

In closing, I would hope we who work with victims of domestic violence will remember not to generalize -- being abused is not the sum and substance of anyone's existence; it is a problem to be dealt with, but we should strive to look beyond the problem to the woman -- her unique needs and contributions. The following "Bill of Rights for Winners" may be helpful to staff, volunteers, clients, and residents.

A BILL OF RIGHTS FOR WINNERS

You have the right to be you -- [illegible] you are, the way you want to be.

You have the right to grow, to change, to become, to strive, to reach for any goal, to be limited only by your degree of talent and the amount of effort.

You have the right to privacy -- in a marriage, in a family, in any relationship, in any group -- the right to keep a part of your life secret, no matter how trivial or how important, merely because you want it to be that way. And you have the right to be alone a part of each day, each week, and each year, to spend time with yourself.

You have the right to be loved and to love, to be accepted, cared for, and adored, and you have the right to fulfill that right.

You have the right to ask questions, of anyone, at any time, in any matter that affects your life, so long as it is your business to do so, and to be listened to and taken seriously.

You have the right to self-respect and to do everything you need to do to increase your self-esteem so long as you hurt no one in doing so.

You have the right to be happy, to find something in the world that is meaningful and rewarding to you and gives you a sense of completeness.

You have the right to be trusted and to trust and to be taken at your word. If you were wrong, you have the right to be given a chance to make good, if possible.

You have the right to be free as long as you act responsibly and are mindful of the rights of others and of those obligations that you entered into freely.

You have the right to win, to succeed, to make plans, to see those plans fulfilled, to become that best that you can possibly become.

(Handout from Family Counseling Service, Aurora, Illinois)

GRAFFITI

Written on our walls . . . etched in our memories

The office/meeting room of the Community Crisis Center is usually crowded with residents, staff members and volunteers. The conversation is not always "heavy," but is often fun and thought-provoking. The following are some of the "pearls of wisdom" to be found on the walls of the Community Crisis Center.

I LOVE POTATOES!
ARE YOU IRISH?
NO! I'M CAPRICORN!
T. EDWARDS

YOU HAVE TO LET ME
BE INDEPENDENT

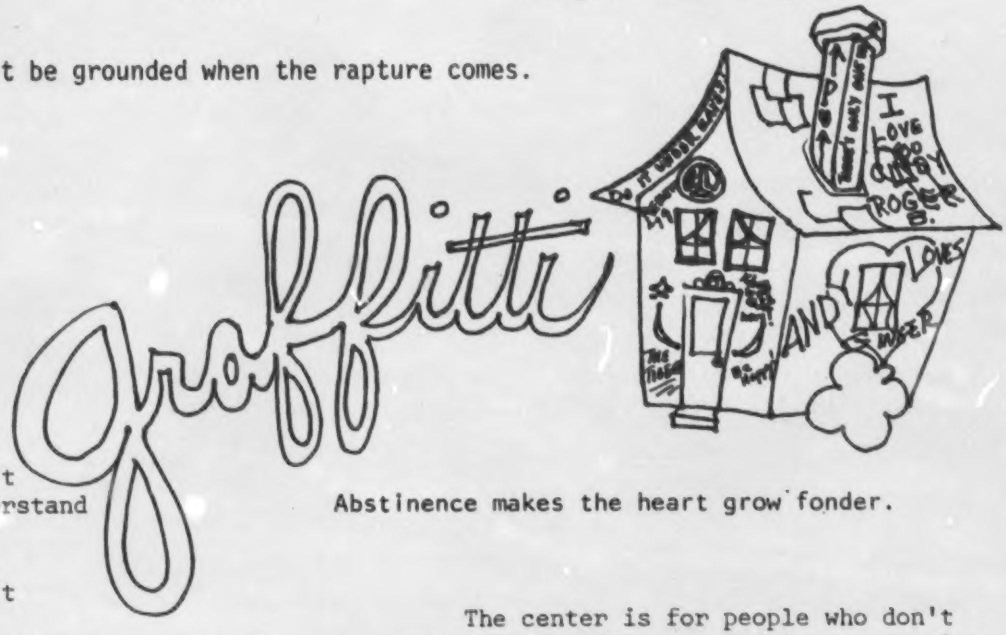
Never carry anyone on your
back who is capable of walking.

Does your mind feel more and more like teflon? Nothing sticks to it lately?

A three-piece suit
Doesn't
Make
You
Sane.

Get your "ask" in gear!

Don't be grounded when the rapture comes.



If
you
don't
understand
it,
you
can't
get
confused.

Abstinence makes the heart grow fonder.

The center is for people who don't
know where to go . . . (Vivian - age 4)

I know I'm not perfect, but
parts of me
are
wonderful.

I'm NOT depressed.
I just have
a touch
of
apathy.

When you stop to think,
Don't
Forget
to start again.

I SUFFER FROM MENTAL HEALTH!

ODE TO A BATTERED WIFE

When your husband comes home,
And he beats you each night,
Don't stand in the corner,
Just shaking with fright.

When it's Safe, get yourself and the Kids,
Away from the place.

Cause it's only yourself you'll have to face.

When you're old and you're gray,
And you're battered and blue,
Who'll care for the children?

Who'll care about You?

There will be no respect,
After all you've been through.
Your family and friends,
They'll be gone, too.

You'll be trapped in your house,
Like a dog or a cat.
It won't be worth anything.
It will be just plain flat.

Take heed to my warning.
It's all very true.

If you ask how I know this,

It's because I'm like you.

Renee

As part of the out take procedure of the Community Crisis Center, residents are asked their feelings about the time they spent with us. In reply, we received the above advice to battered women.

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*U.S. GOVERNMENT PRINTING OFFICE : 1980 0-311-234/29